

INVENTORY CHANGE FORM

ITEM: _____

SERIAL # _____ SVCC INVENTORY # _____

CHECK APPROPRIATE CHANGE SPACE AND FILL IN CHANGE WHERE NEEDED:

_____ ROOM CHANGE - FROM ROOM # _____ TO ROOM # _____

_____ CAMPUS CHANGE-FROM CAMPUS _____ TO CAMPUS _____

_____ INVENTORY # CHANGE FROM _____ TO _____

_____ SOLD OR TRADE IN _____ STOLEN OR LOST _____

_____ SCRAPPED _____ CASUALTY LOSS _____

_____ TRANSFERRED TO NON VCCS COLLEGE _____

_____ SURPLUSED _____

_____ ERROR (ITEM SHOULD NEVER HAVE BEEN INVENTORIED) _____

EQUIPMENT TRANSFERRED OFF CAMPUS TO: _____

INVENTORY ID# AND/OR DESCRIPTION: _____

SIGNATURE: _____ DATE OF RETURN: _____