

EQUIPMENT INVENTORY ACTION REQUEST

PROPERTY CONTROL & EQUIPMENT RECORDS - PURCHASING OFFICE

LOUISIANA STATE UNIVERSITY AT ALEXANDRIA

DEPT. _____ BUDGET/ACCT. CODE _____ DATE _____

INSTRUCTIONS: Mark "X" in appropriate box below for type of action requested and provide all other information as required. Attach continuation sheet if needed. Refer to University Business Office Procedure Regulation No. BOP 4-2.

- | | | |
|--|--|--|
| <input type="checkbox"/> TRANSFER TO SURPLUS | <input type="checkbox"/> DISMANTLE | <input type="checkbox"/> SCRAP |
| <input type="checkbox"/> TRADE-IN FOR CREDIT
(SEE BOP 4-2 FOR GUIDELINES) | <input type="checkbox"/> BUILDING/ROOM
RELOCATION | <input type="checkbox"/> THEFT REPORT
(MUST ATTACH POLICE REPORT) |
| <input type="checkbox"/> DEPARTMENT TRANSFER
OR ACCT. CODE CHANGE | <input type="checkbox"/> RECEIPT OF GIFT OR
DONATION (MUST INDICATE
VALUE OF ITEM) | <input type="checkbox"/> OTHER _____
(EXPLAIN IN COMMENTS
BELOW) |

ITEM/DESCRIPTION GIVE VALUE OF ITEM(S) IF DONATION	INVENTORY NO. (IF APPLICABLE)	LOCATION	
		BUILDING NO.	ROOM NO.

COMMENTS: _____

RELOCATION OF EQUIPMENT FROM BUILDING _____ ROOM NO. _____

TO BUILDING _____ ROOM NO. _____

IF DEPT. OR ACCT. CODE CHANGE

FROM: _____ BUDGET/ACCT. CODE _____
 DEPT. _____

TO: _____ BUDGET/ACCT. CODE _____
 DEPT. _____

BY DEPT. RECEIVING
 TRANSFERRED ITEM(S)
 REC'D BY: _____

 SIGN INITIALS DATE
 DEPT. HEAD

DEPARTMENT RENDERING REQUEST

 SIGNATURE - DEPT. HEAD
 OR PROPERTY CUSTODIAN

 TYPE/PRINT NAME

FOR PROPERTY CONTROL OFFICE USE ONLY

- | | |
|--|--|
| <input type="checkbox"/> HOLDING FOR BF-11
APPROVAL | <input type="checkbox"/> TO WAREHOUSE |
| <input type="checkbox"/> ITEM(S) PICKED UP
DATE _____ | <input type="checkbox"/> TRANS. TO STATE |
| <input type="checkbox"/> BF-11 ISSUED
DATE _____ NO _____ | <input type="checkbox"/> REQUEST APPROVED |
| <input type="checkbox"/> BF-11 APP'D.
DATE _____ | <input type="checkbox"/> REQUEST COMPLETED |

 PROP. MGR. (SIGN.)