



INVENTORY CHANGE REQUEST

All applicable sections of this form must be filled out and forwarded to Auxiliary Services

<p align="center">TRANSFERRING DEPARTMENT ONLY</p> <p>Department _____</p> <p>Contact Person (PRINT) _____</p> <p>Phone _____</p> <p>Date _____</p> <p><i>If TRANSPORT is required, be sure to also submit a separate WORK REQUEST form.</i></p>	<p align="center">DEPARTMENT HEAD APPROVAL</p> <p align="center">_____</p> <p align="center">Department Head (PRINT)</p> <p align="center">_____</p> <p align="center">Department Head (SIGNATURE AND DATE)</p> <p align="center">_____</p> <p align="center">Room and telephone</p>
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INVENTORY IDENTIFICATION (COMPLETE ALL FIELDS)			
CCC Asset # or Serial Number (If applicable)	Description of each	From Location (Building and Room Number)	To Location (Building and Room Number)
1			
2			
3			
4			
5			
6			
7			

<p>REASON FOR TRANSFER (REQUIRED):</p>
