



EQUIPMENT INVENTORY CHANGE REQUEST

NORTHWEST MISSISSIPPI COMMUNITY COLLEGE

DEPARTMENT:	<input type="checkbox"/> TRANSFER <input type="checkbox"/> DISPOSAL	IF DISPOSAL, ASSET CURRENT LOCATION: (BLDG/ROOM #)
CONTACT PERSON:		
PHONE:		
DATE:		

ASSET TAG #	DESCRIPTION OF ITEM	FROM LOCATION: BUILDING	ASSIGNED NAME	ROOM #	TO LOCATION: BUILDING	ASSIGNED NAME	ROOM #	IF DISPOSAL, REASON FOR DISPOSAL
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

SENDER NAME (PRINT) SENDER SIGNATURE: DATE: _____ SUPERVISOR NAME (PRINT): SUPERVISOR SIGNATURE: DATE: _____	INVENTORY CONTROL (PRINT): SUPERVISOR SIGNATURE: DATE: _____
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