

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

EQUIPMENT REMOVAL

TO: Financial Services, Equipment Inventory Section

FROM: _____

DATE: _____

SUBJECT: Removal of Equipment from Inventory Records

Request is hereby made to remove the following item of equipment from the records of the above referenced cost center for the reason indicated by each piece of equipment.

INVENTORY NUMBER	DESCRIPTION	PURCHASE DATE	PURCHASE PRICE	FUND CODE
ORGANIZATION	PROGRAM CODE	BUDGET YR.	PROJECT/GRANT	* REASON
1				
2				
3				
4				
5				
6				
7				
8				

I, the undersigned Department Head certify that the Inventory section and a representative of my cost center have made a physical inventory of our equipment and the above listed items are not in our possession.

Department Head Signature

Equipment Inventory

Financial Services

Print or Type Name

Print or Type Name

Print or Type Name

***REASONS:** Please select code that best describes each piece of equipment listed above.

- 1 Used as trade-in (Give inventory number of replacement)
- 2 Missing Asset
- 3 Surplused
- 4 Transferred to another cost center (Give name of cost center)
- 5 Stolen (Give date)