

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

MISSING EQUIPMENT NOTIFICATION

DEPT FROM: _____

DATE: _____

The purpose of this form is to provide a list of assets not found during the department's most recent inventory. The department will have one year to locate these items before they are permanently removed from inventory. Assets that are permanently removed from inventory because they cannot be found (missing) will require the department head's (dean or chair) signature and will be reported to Internal Audit. Please complete this form for any missing items and return with your inventory to the Equipment Inventory department.

INVENTORY NUMBER	ASSET DESCRIPTION	SERIAL NUMBER	PURCHASE AMOUNT	PURCHASE DATE	LAST KNOWN LOCATION
1					
2					
3					
4					
5					
6					
7					
8					

I, the undersigned certify that a representative of my cost center has made a physical inventory of our equipment and the above items cannot be located at this time.

Department Representative Name
Print

Signature

Date