

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	ALL SENSITIVE INFORMATION REMOVED? Y or N	PURCHASE DATE	PURCHASE PRICE	FUND CODE
ORGANIZATION	CONDITION		BUDGET YR	PROJECT/GRANT	* REASON
1					
2					
3					
4					
5					
6					
7					
8					

I, the undersigned Department Head certify that a representative of my cost center have made a physical inventory of our equipment and the above listed item(s) should be removed from our department inventory records for the reason listed.

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 transaction and place in box above.

- | | |
|---|---|
| 1 | Used as trade-in (Give inventory number of replacement) |
| 2 | Retire as Missing |
| 3 | Surplused |
| 4 | Transferred to another cost center (Give name of cost center) |
| 5 | Stolen (Give date) |
| 6 | Cannibalized |