



**PART I** Item Information

(required) Bar Code Tag Number: \_\_\_\_\_ State ID Number: \_\_\_\_\_

Item Description:

(required) Serial Number: \_\_\_\_\_

**PART II** Item Location

Old Location: \_\_\_\_\_ (Department Code) (required)

(required) Campus Building: \_\_\_\_\_ (required) Room Number: \_\_\_\_\_

New Location: \_\_\_\_\_ (Department Code) (required)

(required) Campus Building: \_\_\_\_\_ (required) Room Number: \_\_\_\_\_

**PART III** Funds Exchange

Amount Exchanged: \$ \_\_\_\_\_

Journal Number: \_\_\_\_\_

From Account: \_\_\_\_\_ To Account: \_\_\_\_\_

Date of Physical Transfer: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART IV** Authorization

Releaser's Authorization: \_\_\_\_\_

Receiver's Authorization: \_\_\_\_\_