ILLINOIS STATE UNIVERSITY
Inventory Management/Property Control
Equipment Transactions Form
Complete and return to Property Control @ Campus Box 1520

Department Name_____ Inventory No_____

DEPT NAME	**FROM:**	**TO:**
BUILDING		**LIST BELOW**
FLOOR		**“**
ROOM(s)		**“**

PROPERTY TAG NUMBER	EQUIPMENT DESCRIPTION	SERIAL NUMBER	(MOVE TO) BUILDING	(MOVE TO) ROOM

TYPE OF TRANSACTION (CHECK ONE)

Change in location: ROOM

Change in location: BLDG & ROOM

Change in department: DEPT-BLDG-ROOM

OTHER (Explain)_____

_____

Signature_____

DATE_____ Phone_____

For Property Control Use Only

- o **Transfers completed.**
- o **Location updates completed.**
- o **Copy placed in originating department file.**
- o **Copy placed in receiving department file.**
- o **Comments_____**
  _____

Specialist:_____

DATE:_____