

MOVEMENT OF EQUIPMENT

Date _____

Previous Location:

Bldg _____ **Floor** _____ **Room** _____

New Location:

Bldg _____ **Floor** _____ **Room** _____

Account _____ **Dept** _____ **Tag No.** _____

Item Description _____

Signature _____

(Department Head/Budget Manager)

SUBMIT TO ACCOUNTING DEPARTMENT