

AUBURN UNIVERSITY

Property Services

Equipment Transactions

Department Name: _____

Department No: _____

DEPT NAME	FROM:	TO:
BUILDING		LISTED BELOW
FLOOR		“
ROOM(s)		“
CITY & COUNTY		“

EQUIPMENT - DESCRIPTION	SERIAL NUMBER	P.C. NUMBER	BUILDING	ROOM

TYPE OF TRANSACTION (CHECK ONE)

CHANGE IN LOCATION: ROOM

FACILITIES ASSISTANCE NEEDED FOR MOVE

CHANGE IN LOCATION: BLDG & ROOM

EQPT SURPLUS OR EXCESS TO PROPERTY SERVICES

CHANGE IN LOCATION: DEPT - BLDG - ROOM

OTHER (EXPLAIN) _____

APPROVAL:	COPIES:
<p>The undersigned acknowledges that the Equipment listed hereon is the Property of Auburn University.</p> <p>SIGNED: _____ (Dean-Director-Dept Head or Acct Officer)</p>	1. White (Original) to Property Services
	2. Yellow to Property Services
	3. Pink to Department
	DATE: _____