



EQUIPMENT INVENTORY ACTION REQUEST
 OFFICE OF PROPERTY MANAGEMENT - PURCHASING DEPARTMENT
 LOUISIANA STATE UNIVERSITY, BATON ROUGE, LA 70803

DEPT.	BUDGET/ACCT CODE	DATE:
INSTRUCTIONS: MARK "X" IN APPROPRIATE BOX BELOW FOR TYPE OF ACTION REQUESTED, AND PROVIDE ALL OTHER INFORMATION AS REQ'D. ATTACH CONTINUATION SHEET IF NEEDED. REFER TO UNIVERSITY BUSINESS OFFICE PROCEDURE REGULATION NO. BOP 4-2. CONDITION OF ALL EQUIPMENT IS TO BE STATED IN DETAIL IN THE COMMENTS SECTIONS BELOW FOR ITEMS INDICATED AS SURPLUS.		
<input type="checkbox"/> TRANSFER TO SURPLUS (CONDITION REQUIRED) <input type="checkbox"/> TRADE-IN FOR CREDIT (SEE BOP 4-2 FOR GUIDELINES) <input type="checkbox"/> DEPARTMENT TRANSFER OR ACCT. CODE CHANGE	<input type="checkbox"/> DISMANTLE FOR PARTS (APPROVAL REQUIRED) <input type="checkbox"/> NEW INVENTORY NO. (TAG) REQ'D <input type="checkbox"/> RECEIPT OF GIFT OR DONATION (MUST INDICATE VALUE OF ITEM)	<input type="checkbox"/> SCRAP (APPROVAL REQUIRED) <input type="checkbox"/> THEFT REPORT (MUST ATTACH POLICE REPORT) <input type="checkbox"/> OTHER _____ (EXPLAIN IN COMMENTS BELOW)
ITEM/DESCRIPTION (GIVE VALUE OF ITEMS(S) IF DONATION)	INVENTORY NO. (OR SERIAL NO.)	LOCATION (PRESENT/NEW)
CONDITION OF EQUIPMENT/COMMENTS _____		
IF DEPARTMENT OR ACCOUNT CODE CHANGE FROM: _____ BUDGET/ACCT CODE _____ DEPARTMENT TO: _____ BUDGET/ACCT CODE _____ DEPARTMENT		BY DEPARTMENT RECEIVING TRANSFERRED ITEM(S) RECEIVED BY DATE
DEPARTMENT RENDERING REQUEST SIGNATURE-DEPT HEAD OR PROPERTY CUSTODIAN TYPE/PRINT NAME TELEPHONE NUMBER	FOR PROPERTY MANAGEMENT OFFICE USE ONLY <input type="checkbox"/> ITEM(S) PICKED UP DATE _____ <input type="checkbox"/> BF-11 ISSUED DATE _____ NUMBER _____ <input type="checkbox"/> TO WAREHOUSE <input type="checkbox"/> REQUEST COMPLETED _____ PROPERTY MANAGEMENT AUTHORIZATION	
REVISED 10/01/97		