**UTAH STATE UNIVERSITY**

# CHANGES TO EQUIPMENT INVENTORY RECORD

Department Name _____ Department Head Signature _____

Contact _____ Phone _____

In order to maintain accurate equipment inventory information, changes to any of the following information should be completed and submitted on a regular basis as equipment is relocated or responsible persons change. Updating this information on a more frequent basis will aid the annual verification of your departmental inventory.

| Inventory # | Item Description | Responsible Person | Location (bldg/room) | Date of Change |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Equipment Management Services

Phone 435-797-0499, Fax 435-797-1077

UMC 2400