



# UNIVERSITY of VIRGINIA

## EQUIPMENT INVENTORY CHANGE REQUEST (P-1) FORM

Auth. # \_\_\_\_\_

### Section A (Transaction Identification - Attach any required documentation)

#### TRANSFERS

Check one		Name & Location/Address
	DEPARTMENT/ORGANIZATION	
	LOCATION CHANGE (INTRADEPARTMENT)	
	STATE AGENCY ONLY	

#### DISPOSALS

Check one		
	RELEASE TO ANOTHER INSTITUTION	-Name & Address of Institution (use space above under <b>TRANSFERS</b> )
	TRADE-IN	-P.O.# required
	CANNIBALIZED OR DESTROYED	-Specify with detail & attach letter
	THEFT/STOLEN	-Signed letter from Chair or Police & Risk Man. Report required
	RETURNED (specify reason for return)	-Additional information may be requested from you
	SURPLUS, SALE, SCRAP	-Creative Recycling Solutions, UVA Depot (Gov Deals), or Specify
	OTHER	-Specify with detail

### Section B (Equipment Identification - Attach additional spreadsheet if needed)

#### EQUIPMENT IDENTIFICATION

Asset Tag Number	Description	Old Location (bldg # & room #)	New Location (bldg # & room #)	Funding Award #	Projected Ship Date

### Section C (Department/Organization Identification)

#### DEPARTMENT/ORGANIZATION IDENTIFICATION

##### RELEASING DEPT./ORG.

ORG # : _____	Org. Name : _____	Fax # _____
Contact Person: _____		Phone # _____
Signature of Contact : _____		Date _____
Dept./Org. Chair/Dean : _____		
Signature of Chair/Dean : _____		Date _____

##### RECEIVING DEPT./ORG. (for internal transfers only)

ORG # : _____	Org. Name : _____	
Contact Person: _____		Phone # _____
Signature of Contact : _____		Date _____
Dept./Org. Chair/Dean : _____		
Signature of Chair/Dean : _____		Date _____

Send Completed P-1 Form to: FIXED ASSETS ACCOUNTING  
 Mail: PO Box 400194 (Carruthers Hall), Fax: 982-2163, Email: mikew@virginia.edu  
**Retain copy for all parties involved.** Questions 924-4209 or 924-4284

#### FIXED ASSETS ACCOUNTING APPROVAL

Name : _____	Date _____
Signature: _____	