

CHANGE IN ACCOUNTABILITY FORM

(Note: A separate form is to be completed for each equipment item.)

Date Submitted: _____

Federal/externally funded equipment: YES NO

TTU Property Tag No.: _____

Serial Number: _____

Description of Equipment (including brand and model): _____

TOP SECTION MUST BE COMPLETED IN FULL

Reason for Change:

Change of Location

Existing Location (Bldg./Room #): _____

New Location (Bldg./Room #): _____

Trade In

Purchase Order Number for New Equipment: _____

Transfer to Another Administrative Unit

New Department: _____

New Index/Org: _____

New Location: _____

Return to Grantor

Request to Surplus

Check if already sent to Surplus

Missing

An officer's report from University Police is required for **missing or stolen items**.

Other – Please specify: _____

Approvals:

Department Head: _____

Date: _____

If transferring to another administrative unit, the department accepting the transferred equipment must sign below.

Dean/Administrative Officer: _____

Date: _____

For Business Services Use Only

Property Officer: _____

Date: _____

Grant Accounting Manager*: _____

Date: _____

**Only required if federal/externally funded*

Disposal Method of Surplus: _____