

Inventory Services Inventory Transaction Form

TRANSFER FROM:

Department: _____
Department Contact: _____

Department ID: _____
Email: _____

TRANSFER TO:

Department: _____
Department Contact: _____

Department ID: _____
Email: _____

TYPE OF TRANSACTION: Transfer Surplus External Transfer/Sale Trade-In Return Cannibalization **(Choose one.)**

- For "**Trade-In**" or "**Return**" attach receipt from vendor with a justification.
- For "**Surplus**" enter the pickup location in the "**New Bldg. and Room No.**" field.
- For "**Cannibalization**" attach the justification.
- When surplussing vehicles make the "**TRANSFER TO**" *Facilities Motor Pool*.

Tag Number	Asset Description	Serial ID	Original Value	New Bldg. and Room No.	New Custodian Name & Custodian ID	A*	B*	C*
Example	COMPUTER DELL OPTIPLEX 7010	8A5BC12	869.99	662-119	First Last 1000123456			

After completion, including "Transferring Department" and "Receiving Department" signatures, please make copy for departmental files and send to Inventory@uta.edu. TRANSFERRING DEPARTMENT: I understand that I am responsible for security of the data under my purview and confirm the data on the above assets have been securely erased.

Cost Center number for hard drive destruction _____

- *A - Has hard drive been removed?
- *B - Has data been erased?
- *C - Did the asset originate as a gift?

I, _____, the PI for the above assets confirm that the transaction above is in compliance with project _____.

Print Name Project ID PI Initials

TRANSFERRING DEPARTMENT

RECEIVING DEPARTMENT

Chair/ Department Head (signature)

Chair/ Department Head (signature)

Print Name Date

Print Name Date:

FOR INVENTORY SERVICES USE ONLY

PROCESSED:

Inventory Services Representative

Initials: _____ Date: _____