

## University of Massachusetts Central Administration Asset Inventory Change Form

grant, contract or subcontract for any depreciation, amortization, or use with respect to such equipment.

University Controller's Office 333 South Street, Suite 450 Shrewsbury, MA 01545 Phone: 774-455-7544

Fax: 774-455-7550

Department:			Contact Person:				Phone:				
Do you require moving services?				yes	no						
ls your presend Type of Act	•	d at the time the equip	ment is being	removed? yes	no						
IT = In-House	transfers	TD = The	ft, Disappeara	ance, or Destruction	RC = Rec	ycling Center	SP = Surplu	is property			
TI = Trade-in		RT = Return		TO = Transfers to Other	Institutions						
Condition of	Equipm	ent	Fund Sou	rce							
J = Usable	O = Obso	lete S = Scrap	S = State	F = Federal $T = Trust$ $G = G$	rant D =	Donation					
lease use the	above cod	les to fill in the informat	tion below:								
Univ. Tag #	Type of Action	Description	Condition	Location (Building and Room)	Fund Source	Mfg.	Model #	Serial #	PO #	Speed Type	Acq. Cost
rade-in of Equip	ew location	, contact name, phone nuch a copy of the PO and the did the amount of credit re	he University ta	,	charge and c	redit			•		
			nt/contract num	ber and status (continuing, inactive	)						
Approval			Print Name			s	ignature		Date		
Department Hea						_					
Property Manage						_					
Fixed Asset Mar	•			al funds, the recipient agrees as a c		_					

Attach Additional Forms and Return to Fixed Asset Manager