UNIVERSITY OF SOUTHERN CALIFORNIA • UNIVERSITY PARK • LOS ANGELES, CA 90089-8011

USC

INVENTORY ADJUSTMENT FORM
EQUIPMENT MANAGEMENT

DATE REQUESTED	PERSON TO CONTACT	TELEPHONE NUMBER	DEPARTMENT NAME	MAIL CODE

PLEASE CHECK THE APPROPRIATE BOX TO INDICATE TYPE OF CHANGE REQUESTED

☐ **TRANSFER OF USABLE EQUIPMENT:** TRANSFERRING EQUIPMENT TO ANOTHER ON-CAMPUS DEPARTMENT OR TO AN OFF-CAMPUS INSTITUTION
PLEASE COMPLETE THIS SECTION
RECEIVING DEPARTMENT NAME & MAILING ADDRESS _____
_____
RECIPIENT'S NAME _____
PHONE NUMBER _____

☐ **DISPOSAL OF SURPLUS EQUIPMENT:** DISPOSING OF SURPLUS EQUIPMENT, MATERIALS AND SUPPLIES WHETHER INVENTORIED OR NOT, PLEASE COMPLETE THIS SECTION
TYPE OF DISPOSAL (CHECK ONE)
SOLD _____ DONATED _____ SCRAPPED _____

☐ **OTHER CHANGES:** DELETING EQUIPMENT DUE TO LOSS BY THEFT, MYSTERIOUS DISAPPEARANCE, DESTRUCTION AND DISMANTLING OR WHEN ADDING EQUIPMENT WHICH HAS BEEN FABRICATED.
PLEASE JUSTIFY CHANGE(S):

EQUIPMENT IDENTIFICATION

EQUIPMENT TAG NUMBER	DESCRIPTION OF EACH ITEM	DESCRIPTION OF (BLDG. & ROOM NO.)	NEW LOCATION (BLDG. & ROOM NO.)

NOTE: WHEN TRANSFERRED EQUIPMENT HAS BEEN ACQUIRED ORIGINALLY WITH FEDERAL FUNDS, THE RECIPIENT AGREES, AS A CONDITION TO ACCEPTING THIS PROPERTY THAT NO CHARGE WILL BE MADE TO THE FEDERAL GOVERNMENT UNDER ANY EXISTING OR FUTURE GOVERNMENT GRANT, CONTRACT, OR SUBCONTRACT FOR ANY DEPRECIATION, AMORTIZATION, OR USE WITH RESPECT TO SUCH EQUIPMENT.

APPROVED BY (TYPE OR PRINT)	APPROVAL SIGNATURE (DEAN OR DIRECTOR)	DATE