

# LBW COMMUNITY COLLEGE INVENTORY REDISTRIBUTION

### INSTRUCTIONS

1. COMPLETE THE FORM WITH ALL INFORMATION REQUESTED.
2. SECURE THE SIGNATURE OF THE PERSONS RELEASING AND RECEIVING THE EQUIPMENT.
3. SECURE SUPERVISOR'S APPROVAL **BEFORE REMOVING ITEMS.**
4. COMPLETED FORM MUST BE GIVEN TO THE ACCOUNTING DEPARTMENT IN THE OFFICE.

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DEPARTMENTAL TRANSFER
  OBSOLETE - FOR SALE
  NOT REPAIRABLE - FOR SALE

INV #	DESCRIPTION	SERIAL #	PURCHASE DATE	COST OF ITEM

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TRANSFER FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR TRANSFER: \_\_\_\_\_

SIGNATURE OF PERSON RELEASING EQUIPMENT \_\_\_\_\_

SIGNATURE OF PERSON RECEIVING EQUIPMENT \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE OF TRANSFER: \_\_\_\_\_

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**ACCOUNTING DEPARTMENT:**

PURGED FROM INVENTORY

\_\_\_\_\_ DATE

\_\_\_\_\_ INITIAL