

BARCODE REPLACEMENT REQUEST FORM

This form is to be used to request a replacement barcode label when barcode is missing or rubbed off.

Instructions: (Form Must Be Typed)

- Complete, sign, scan and email to inventory.department@utsa.edu; use SUBJ: Barcode Replacement Request and DeptID.
- Request MUST BE approved/signed by the Authorized Departmental Official.
- The Inventory Department staff will coordinate a date and time with the Requester to physically verify and affix the replacement asset tag.
- Retain a copy for your records.

DEPARTMENT DETAILS

Department Name: _____ DeptID: _____

Inventory Contact Person (ICP): _____ Phone: _____ Date: _____

ASSET PROPERTY DETAILS

LIST ONLY "CONTROLLED PROPERTY (\$500 – \$4999) AND/OR CAPITAL PROPERTY (\$5000 AND OVER)

BARCODE NUMBER	DESCRIPTION	SERIAL ID	CURRENT LOCATION

JUSTIFICATION

Required

ASSET PROPERTY CUSTODIAN

(Responsible User)

Required

Asset Custodian: _____ EmplID: _____

AUTHORIZED DEPARTMENT APPROVER

Department Manager/Chair _____ Title _____

Signature _____ Date _____

INVENTORY DEPARTMENT PROCESSING ACTIONS

Processed By _____ Date _____ Verified By (Initials) _____ Date _____