The University of Texas at San Antonio

## **INVENTORY TRANSACTION FORM**

This form is used to request an update or change to the equipment record; check the applicable update box.

Instructions: (Form Must Be Typed) Submit one request for each different type of transaction requiring an update.

• Complete, sign, scan and email to inventory.department@utsa.edu; use SUBJ: Transaction Type (i.e. Barcode Request, Transfer, etc.) and DeptID.

- Transfer of Equipment Requests MUST BE signed by both parties and the Authorized Departmental Official from the Transferring (LOSING) DeptID.
- Tag Number Replacement Label Requests must be signed by the Authorized Departmental Official/Chair, and must be physically verified and affixed with that new barcode by the Inventory Department Staff.
- Retain a copy for your records.

REQUEST TYPE				
Transfer of Equip	ment Request Descr	iption Change	Request Tag Number Replacement Label	
	DEPA	ARTMENT DETAILS		
Department Name:			DeptID:	
Inventory Contact Person (ICP):		Phone:	Date:	
Transfer to Department:			DeptID:	
		OPERTY DETAILS		
	*LIST ONLY "CONTROLLED PROPERTY (\$50		Y (\$5000 AND OVER)*	
TAG NUMBER	DESCRIPTION	SERIAL ID	NEW LOCATION	
	L	USTIFICATION		
	*REQUIRED FOR TRANSFERS	AND REPLACEMENT TAG NUMBER REC	QUESTS*	
	AUTHORIZ	ATION FOR TRANSFERS		
*NOTE: Transfer of Equ	pment Requests <b>MUST BE</b> signed by both pa	rties and the Authorized Departmental	Official from the Transferring (LOSING) DeptID.	
FROM: Authorized Official in Department "Transferring" Equipment		pment <b>TO</b> : Authorized Official in E	TO: Authorized Official in Department "Receiving" Equipment	
Name:		Name:		
Phone:	Date:	Phone:	Date:	
Signature:		Signature:		
		Asset Custodian:	EmplID:	
	REQUIRED ON TRANSFERS AN	ID TAG NUMBER REPLACEME	INT REQUESTS	
 Department Official/Chair Name		Title		
, , ,				
Signature			Date	
	INVENTORY DEPA	ARTMENT PROCESSING ACTIONS	\$	
Processed By		Date	Verified By (Initials) Date	