



EQUIPMENT INVENTORY CHANGE REQUEST

NORTHWEST MISSISSIPPI COMMUNITY COLLEGE

DEPARTMENT:

CONTACT PERSON:

PHONE:

DATE:

TRANSFER

DISPOSAL

INVENTORY BAR CODE NUMBER	DESCRIPTION OF ITEM	FROM LOCATION: BUILDING & ROOM #	TO LOCATION: BUILDING & ROOM # <i>(If disposal, reason for disposal)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

SENDER NAME (PRINT):

SENDER SIGNATURE:

INVENTORY CONTROL (PRINT):

SUPERVISOR SIGNATURE:

DATE:

DATE:

SUPERVISOR NAME (PRINT):

SUPERVISOR SIGNATURE:

DATE: