



INVENTORY REMOVAL/TRANSFER FORM



All removals and transfers must be pre-approved by EWG and STARRS. If you are transferring an item to another entity, then the entity receiving the transferred item(s) must fill out an inventory control form and send it to STARRS.

**Name/Discipline/
Program Removing Item**

**Name/Discipline/Program
Receiving Item (if applicable)**

OFFICE USE ONLY			
Grant Type/ Budget Year		Purchase Order Number(s)	
Line Number		Vendor Name	

ITEM NUMBER	CATEGORY	QUANTITY	TAG NUMBER	SERIAL NUMBER	SECTION A: Item(s) Removed--Describe all items that are being removed (include all accessories and parts).
1					
2					

ITEM NUMBER	SECTION B: Removal Justification--Specify the reason for item removal (i.e. damaged, transferring to another entity, expired, lost, stolen, etc.).	Section C: Date of Removal	Section D: Disposal Method (please describe the methods used to dispose of the item(s)).

SECTION E: Item(s) Location--Describe in detail the exact location of each item **prior** to removal.

AGENCY

ADDRESS WHERE ITEM WAS HOUSED

SECTION F: Point of Contact--Please provide the contact information for the person responsible for the item(s).

CONTACT PERSON	PHONE
ADDRESS	

Signature _____ **Date:** _____

Received By:
(Office Use Only)

Date:
(Office Use Only)



INVENTORY REMOVAL /TRANSFER CONTINUATION FORM



All removals and transfers must be pre-approved by EWG and STARRS. If you are transferring an item to another entity, then the entity receiving the transferred item(s) must fill out an inventory control form and send it to STARRS.

ITEM NUMBER	CATEGORY	QUANTITY	TAG NUMBER	SERIAL NUMBER	SECTION A: Item(s) Removed--Describe all items that are being removed (include all accessories and parts).
3					
4					
5					
6					
7					
8					

ITEM NUMBER	SECTION B: Removal Justification--Specify the reason for item removal (i.e. damaged, transferring to another entity, expired, lost, stolen, etc.).	Section C: Date of Removal	Section D: Disposal Method (please describe the methods used to dispose of the item(s)).

SECTION E: Item(s) Location--Describe in detail the exact location of each item **prior** to removal.

AGENCY
ADDRESS WHERE ITEM IS HOUSED

SECTION F: Point of Contact--Please provide the contact information for the person responsible for the item(s).

CONTACT PERSON	PHONE
ADDRESS	

Signature	Date:
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Received By: (Office Use Only)
Date: (Office Use Only)