

MORGAN STATE UNIVERSITY

PROPERTY CONTROL INVENTORY REQUEST FORM

(Refer instructions on page 2)

Type of Request (Surplus, Disposal or Transfer): _____

Requestor:

Name:	Email:	Phone No.:
Department:	Building:	Room No.:
Signature of Requestor:	Date:	

Property:

Barcode No.	Description	Serial No.	Condition

Required Signatures:

Accountable Officer:	Signature:	Date:	Action Taken
Property Officer:	Signature:	Date:	Action Taken
Property Control Officer: Gloria Smalls	Signature:	Date:	Action Taken
Work Control: work control	Number	Date:	Action Taken
Physical Plant/ Mover: Gerard Zeller	Signature	Date:	Action Taken

1. Fill out form completely.

For scheduling purposes, please submit 48 hours prior to requested action date. You will be notified when the request is scheduled.

2. Request for appropriate action.

- **Stolen**: The sudden or conspicuous disappearance of property; attach a copy of the police report to the request form
- **Missing**: Items not found during an audit or inventory reconciliation; attach a copy of the police report to the request form.
- **Surplus**: Items that are no longer wanted by a department, i.e... trade-ins, sales, donations, and surplus. Good/Fair Property that is functional and appears good.
- **Disposal**: Poor/Junk Property that is damaged, broken and unusable
- **Correction to Inventory listing**: Changes to the asset records, such as location, description, serial numbers, etc.; Use the remarks section to provide details.
- **Transfer**: The transfer of ownership to another department
- **Loan**: Property borrowed by another department; this form must be signed (accepted by) an individual in the department borrowing the property

Room/Office Move: If you are requesting room relocation, submit an approved Request for Office Relocation/Room Change Form (PPC06). The Budget and Planning Office, ext. 4020, must be advised of the complete contents of a room or office to be moved.

(For further information about this form, please contact a representative of Property Control at Ext. 3413)

Barcode No.	Description	Serial No.	Condition

Recipient

Department:	Building	Room No.:
Name:	Signature:	Date:
Remarks:		