



Fletcher Technical Community College Moveable Property Action Request

Requesting Department: _____ **Date:** _____

Employee: _____

Instructions: Mark an 'X' in the appropriate box below for the type of action requested. Provide all other applicable information for the request to be completed. A continuation sheet can be attached if necessary. Refer to the business office procedure relative to property control to determine the proper steps for the requested action.

<input type="checkbox"/> Transfer to Surplus *	<input type="checkbox"/> Dismantle for Parts	<input type="checkbox"/> Scrap	<input type="checkbox"/> Home Storage **
<input type="checkbox"/> New Inventory # required	<input type="checkbox"/> Theft (attach police report)	<input type="checkbox"/> Initial Distribution	
<input type="checkbox"/> Department Transfer	<input type="checkbox"/> Receipt of Gift or Donation (attach completed donated equipment form)		

Item/Description	Inventory # (If applicable)	Location - Building/Room Number
Date Received:	PO #:	Serial #:
Cost:	Perkins Tag #:	
Comments:		

Department Transfer Information:			
From:	_____	To:	_____
	Department		Department
	_____		_____
	Signature of transferring property custodian		Signature of receiving property custodian
	_____		_____
	Date		Date

* Computer Surplus Approval:	
Approved for Surplus: _____	_____
Director of IT	Date

** Home Storage Approval:	
Approved for Home Storage: _____	_____
Supervisor	Date
_____	_____
Chancellor/Property Manager	Date

For Property Control Use Only:	
<input type="checkbox"/> Entered in Protege	<input type="checkbox"/> Item(s) picked up Date: _____
<input type="checkbox"/> Dismantled	Date: _____