CHANGE IN ACCOUNTABILITY FORM

(Note: A separate form is to be completed for <u>each</u> equipment item.)

Date Submitted:	Federal/externally funded equipment:	YES	NO
TTU Property Tag No.			
Reason for Change:			
Change of Location Existing Location (Bldg./Room <u>#):</u>	Return to Grantor		
New Location (Bldg./Room_#):	Request to Surplus		
	Check if alreadyent to Surplus		
Trade In Purchase Order Number for New Equipment	Missing An officer's report from University (Pe is reauiı	red for
Transfer to Another Administrative Unit NewDepartment:	missing ostolen items.		
New Index/Org:	Other– Please specif <u>y:</u>		
New Location:			
Approvals:			
Department Head:	Date:		
If transferring to another administrative unit, the departmen	t accepting the transferred equipment must sign b	elow.	
Dean/Administrati 0@ ficer:	Date:		
For Business Services Use Only			
Property Officer:	Date:		