UNIVERSITY OF MARYLAND EASTERN SHORE
INVENTORY ADJUSTMENT REQUEST

Instructions: For each item that is to be adjusted, enter the UMES Barcode Label Number below as it appears on the item, if none use the Manufacture's Serial Number. Indicate the reason for adjustment by checking the appropriate line item. All required information must be completed in order to adjust inventory records. Return this form to the Office of the Comptroller after the appropriate signatures have been obtained.

UMES Barcode Label Number _____

Description of Item _____

THE EQUIPMENT LISTED ON THIS FORM HAS BEEN:

_____ LOST - Equipment reported lost that is not located within two weeks must be presumed stolen and reported to the Public Safety Department.

_____ DONATED - Assets no longer of use to the University and donated to a charitable organization (approved letter of acknowledgement from the organization must be attached.)

_____ STOLEN - Date reported to Public Safety: _____ Case #: _____

Officer's Signature: _____

_____ TRADED IN - Purchase Order Number: _____

_____ RETURNED - Purchase Order Number: _____

Reason/Explanation: _____

_____

_____ TRANSFERRED TO PHYSICAL PLANT

Condition of Item: _____

_____

Received by: _____
Physical Plant Department Signature

Printed Name: _____ Date: _____

_____ TRANSFERRED TO INFORMATION TECHNOLOGY

Condition of Item: _____

_____

Received by: _____
Information Technology Department Signature

Printed Name: _____ Date: _____

_____ TEMPORARY LOAN TO OR RETURN FROM ANOTHER DEPARTMENT:

Department Name: _____

Building: _____ Room #: _____

Received by: _____
Department Receiving Item Transfer Signature

Printed name: _____ Date: _____

_____ PERMANENT TRANSFER TO ANOTHER DEPARTMENT

Department Name: _____

Building: _____ Room #: _____

Received by: _____
Department Receiving Item Transfer Signature

Printed name: _____ Date: _____

_____ LISTED INCORRECTLY AND CORRECT INFORMATION IS LISTED BELOW - Fill in the corrected information ONLY.

_____
Description of Item (including make and model)

Department: _____ Acquisition Date: _____

Serial #: _____ Cost: _____ PO#: _____

Building: _____ Room #: _____

_____ ITEM TAGGED IN ERROR - REMOVE FROM INVENTORY

Reason: _____

_____

_____ ITEM MOVED TO NEW PHYSICAL LOCATION WITHIN THE SAME DEPARTMENT'S INVENTORY
New   New
Building: _____   Room #: _____

Title: _____

Date Prepared: _____

Signature of PCC or Department Head: _____