

**EQUIPMENT LOCATION CHANGE FORM**

DESCRIPTION: \_\_\_\_\_

TAG# (ASSET#): \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_

MODEL: \_\_\_\_\_ SERIAL#: \_\_\_\_\_

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**FORMER LOCATION**

DEPARTMENT: \_\_\_\_\_

BUILDING: \_\_\_\_\_ ROOM NUMBER: \_\_\_\_\_

DEPARTMENT HEAD: \_\_\_\_\_

SIGNATURE OF DEPARTMENT HEAD: \_\_\_\_\_

**NEW LOCATION**

DEPARTMENT: \_\_\_\_\_

BUILDING: \_\_\_\_\_ ROOM NUMBER: \_\_\_\_\_

DEPARTMENT HEAD: \_\_\_\_\_

SIGNATURE OF DEPARTMENT HEAD: \_\_\_\_\_

**Return form to the Purchasing Department, attention: Capital Asset Administrator**