

# EQUIPMENT LOCATION FORM

Date: \_\_\_\_\_

**PLEASE FILL IN THE REQUIRED INFORMATION AND RETURN WITH THE EQUIPMENT TRANSFER REQUEST (IF APPLICABLE) TO MAINTAIN INVENTORY RECORDS FOR:**

**Account #:** \_\_\_\_\_ **Department**  
**Name** \_\_\_\_\_

**Relocate From:** \_\_\_\_\_

**Relocate To:** \_\_\_\_\_

LUPA TAG #	Manufacturer/Description	Serial #	Bldg/Room

**Issue To:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Approved By:**

**Equipment Relocation Requested By:**

\_\_\_\_\_  
Property Manager Ext. 6123

\_\_\_\_\_  
Department Head

Note: No piece of equipment shall be moved from one location to another without prior approval of the Property Manager.