Massachusetts College of Liberal Arts

INVENTORY CONTROL FORM

On-Campus Property Change Form

Type of Change

_____ To a Different Dept

_____ To Storage

_____ Taken from Storage

_____ Disposal from Dept.

_____ Disposal from Storage

_____ Loan of Property

Tag#	Description/Color	From	To

_____ Person Removing Property Date

_____ Dept. Chairperson Approval Date

_____ Property Officer Date

OFF-CAMPUS PROPERTY REMOVAL

Date Removed: From_____ Until_____
Date Date

Location: From_____

To_____

Tag #	Serial #	Description

I, the undersigned, assume full responsibility for all items listed above. I understand that I must reimburse the College for the full value of the equipment if it is lost or destroyed.

_____
Person Removing Property Date

Date Returned:_____

_____
Dept. Approval Date

_____
Property Officer Date