

State University of New York at Fredonia

Condition/Status Change Form

Use this form to report the following regarding your equipment: (Check one)

- Off campus for repair
- Lost or Stolen
- Trade-In

If more than one piece of equipment is being reported, please use a separate form for each item.

Originating Department: _____
(Dept. Name) (Dept. Number)

Equipment Information: _____
(Item Description) (Decal Number)

(Serial Number)

Off Campus for Repair/Project:

Location Moved From: _____
(Campus Address – building and room number)

Location Moved To: _____
(Complete Address)

Describe Purpose: _____

Lost/Stolen:

Last Known Location: _____
(Building/Room Number) (Date Noticed Missing)

Police Report: _____
(YES/NO) (Report File Date)

Trade-In:

Location of Equipment: _____
(Building/Room Number) **PO #** (of New Equipment)

New Equipment: _____
(Description)

APPROVALS:

Department Chair: _____
(Signature) (Print Name)

Research Foundation: _____
(Signature) (Print Name)

THIS AREA FOR PROPERTY CONTROL OFFICE ONLY

PCS input date: _____ **Status Code:** _____ **Disposition:** _____
Permanent

Property Control: _____
(Signature) (Date)

VP, Administration: _____
(OR designee) (Signature) (Date)

DISTRIBUTION

Original: Property Control Office

Copy: Department

Research Foundation (when applicable)