Reset Form

PROPERTY MANAGEMENT
DEDUCTIONS REQUEST FORM

Send Completed Forms To:
Property Management Office
609 Jefferson Bldg.

Department Name: _____

Department # _____ Contact Person _____ Phone # _____

Please deduct the following items from our Departmental equipment inventory:

UI Tag Number	PMO Use Only	Deduction Code *	Equipment Description	Serial Number

Two individuals must provide original signatures.

Requestor	Date	Phone Number
Departmental Executive Officer	Date	Phone Number

(**Please use additional sheets to record items which you want deleted from your Departmental Inventory.)**

Please select from the following **deduction codes** to identify why the equipment removal has occurred.

*** DEDUCTION CODES:**

1. Equipment discarded or used for parts.
2. Equipment which has been stolen. **(Attach Department of Public Safety Investigation Report.)**
3. Equipment not found during the last departmental audit. **(Identify procedures used in trying to locate the missing items.)**
4. Other_____

_____

_____

Property Management Office Use Only:

For Inventory Audit _____

Date Entered _____

Completed By _____

File Number _____

4/8/04