

Virginia Community College System Equipment Movement Form

Agency Number:	Equipment ID #:
Description:	
Serial Number:	Quantity:
Date the equipment was moved/transferred:	
Historical ID Number (if transfer between community colleges):	
Transferring Department Name / Number:	
Location moved from: <div style="margin-left: 40px;"> Campus: _____ Building Number: _____ Room Number: _____ Responsible Area: _____ </div> <div style="text-align: right; margin-top: 20px;"> _____ Signature </div>	
Receiving Department Name / Number:	
Location moved to: <div style="margin-left: 40px;"> Campus: _____ Building Number: _____ Room Number: _____ Responsible Area: _____ </div> <div style="text-align: right; margin-top: 20px;"> _____ Signature </div>	

Change Approved By

Change Keyed By

Change Reviewed By