

Property Administration Property Control Action Request Form

Property Administration Use Only

Control Number	er:						
Approved by (F	Property Administration Superv	visor):					
Date Completed:							
Inventory Updated:							
Date Completed:							
Initiating Department Information							
Department Name:			Contact Person:				
Old Building Name:			Phone Number				
Old Building Room Number:			Date:				
	rol Assistant (ICA) Sig	nature:					
·	fficer Signature:	,					
Action Requested							
Indicate the action being requested below.							
Move/Transfer			Surplus/Disposal				
Loan/Off-Campus Use			PC Roll-out (CITS Use Only)				
	Receivin	ng Depart	ment Inform	mation			
Department Na			Contact Person:				
New Building Name:			Phone Number:				
New Building	Room Number:		Date:				
Inventory Control Assistant (ICA) Signature:							
Accountable O	fficer Signature:						
Employee Liability Statement I have read and understand that I am required to produce or return all equipment loaned to me, and if such equipment cannot be produced or is lost or stolen that I am financially liable for the replacement value. By signing this I agree to adhere to BCCC's policies and procedures as applies to this loan.							
Employee Signature:			Date:				
	Ea	uipment	Information	1			
Tag Number	Item Description	Serial N		Condition (for surplus items only)			
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