

**Columbia University
Equipment Inventory Adjustment Form**

Campus (check one)		Instructions on how and when to complete this form are provided on the second page.
Morningside		
Lamont		
Health Sciences		
TO: Manager, Equipment Accounting & Control Office-Studebaker Bldg 615 W. 131st Street, Room 304 (212) 851-7160		FROM: Name Dept. Name Dept. No. Tel. No. Email

Action Code (see reverse)	Columbia Tag No.	Description	Acquisition Cost	Purchase Order No.	FAS Account No.

Manufacturer	Model	Serial Number	Location Building & Room	Grant or Contract No.

Reason For Action	
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If transferred, equipment received from/transferred to: (Name and address of institution)	Date of Shipment	
	Shipping Charge	
	Paid by	
Person to contact		
Tel No.	E-Mail	

Department Approval		
Department Chairperson		
	Print Name	Signature
		Date
For OPG/Grants & Contracts Office use		
	Print Name	Signature
		Date

Use this form when reporting equipment transferred to Columbia, equipment transferred to another institution, or reporting disposition of equipment in accordance with codes listed on the back of this form. Attach continuation sheet if necessary.

Instructions for completing Equipment Inventory Adjustment Form

General Information:

Principal investigator or other responsible person must complete this form before equipment can be transferred or otherwise disposed.

- Provide as much information as is available.
- If more space is needed, use continuation sheet.
- Obtain department chairperson's approval.
- Send completed form to the Manager, Equipment Accounting and Control for processing.
- Send copy of form to local grants and contracts office.

Codes:

- | | |
|---------|---|
| 1..... | Equipment transferred to Columbia University |
| 2..... | Equipment transferred from Columbia University |
| 3..... | Excess |
| 4..... | Sold. Attach copy of cash receipt voucher |
| 5..... | Trade-in on new equipment include new PO # in "Reason for action" |
| 6..... | Stolen Attach copy of security report |
| 7..... | Scrapped Attach copy of cash receipt voucher |
| 8..... | Reported lost or missing |
| 9..... | Disposed |
| 10..... | Other |

Distribution as Necessary:

- | | |
|------------------|--|
| Send Original to | Equipment Accounting & Control Office |
| cc: | Department Chairperson |
| cc: | OPG (MS/LDEO) or Grants & Contracts (CUMC) |
| cc: | Principal Investigator |
| cc: | New Institution |

If assistance is required, please contact the Equipment Accounting & Control Office at 212-851-7160