

PROPERTY INVENTORY MODIFICATION REQUEST

Instructions: Complete Sections 1 - 4, then submit this form to Lauri May-Herrmann, Purchasing, MC 1946. If you have any questions, please call 619-594-0591 or send an e-mail to lherrmann@sdsu.edu.

Section 1. TYPE OF MODIFICATION (check only one)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Pick up by Foundation for disposal (list reason):

<input type="checkbox"/> Donation (attach Acceptance Letter or Computer Equipment Donation Agreement)
To: _____

<input type="checkbox"/> Location Change (if applicable, attach Off Campus Use of Equipment Agreement form)
Old: _____
New: _____
Is this property still under your control? <input type="radio"/> Yes <input type="radio"/> No
If no, responsible person: _____

<input type="checkbox"/> Lost (attach Lost Computer Inventory form and obtain Department Chair signature below)

<input type="checkbox"/> Sold

<input type="checkbox"/> Dismantled (list remaining inventorial components below, attach additional page(s) if necessary) | <input type="checkbox"/> Stolen (attach copy of police report)

<input type="checkbox"/> Government/Sponsor Furnished Property (attach documentation)
Location: _____

<input type="checkbox"/> Transfer to another institution (attach transfer acceptance letter)
Institution Name: _____
Address: _____

<input type="checkbox"/> Loan
Name of Borrower: _____
Address: _____
Period of Loan: From: _____ To: _____

<input type="checkbox"/> Return from Loan:
New Address: _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Section 2. REMARKS (Provide additional details of your request)

Section 3. PROPERTY IDENTIFICATION

Foundation Property Number	Description	Serial Number	Location		SDSURF Use Only	
			Room	Building	Amount	Book Value

Section 4. APPROVALS

Project Director	Date	Phone	Finance & Accounting	Date	Phone
Sponsored Research Administrator	Date	Phone	Facilities Management	Date	Phone
Department Chair <i>(if aggregate lost property is \$25,000 or greater)</i>	Date	Phone	Financial Services	Date	
Department Dean (for transferring property)	Date	Phone	For disposal of hard drives*: Delivered to SDSU Materials Management _____ Date		
SRA Director	Date	Phone	If applicable: Wiped by Computing Services _____ Date		

*SDSU Research Foundation's procedure for disposal of hard drives follows guidelines established by SDSU's Information Security Plan. <http://security.sdsu.edu/iso/secplan.htm> (see section 3.9.8 - Disposal of IT Resources)