

## Property Control Inventory Change Form

Department Name:  Signed By:		Dept. A	cct No*:	Relinquish to Property Control Date:	
		Ext:			
	<del>-</del>				

Please Note: \*The above account will be charged by Plant Services for the moving of equipment, etc.

Tag N	umber	Description of Equipment	Pick-Up Location	Deliver To Location	Office Use

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