

THE UNIVERSITY OF TEXAS
 HEALTH SCIENCE CENTER AT SAN ANTONIO
CHANGE OF CHAIRMAN OR HEAD
 Report of Inventory of Departmental Equipment

To the Property Manager:

This is to certify that a physical check of the inventory of equipment of the _____ department was made on (date) _____, by the incoming Chairman or Head and the outgoing Chairman or Head, and that the inventory as shown on our departmental IBM lists is correct except as shown below.

Signed _____ Signed _____
 Incoming Chairman or Head of Department Outgoing Chairman or Head of Department

1. EQUIPMENT NOT INCLUDED ON ATTACHED LIST, BUT SHOULD BE:

Note - Be sure to include under 1, all permanent equipment made in the department, giving the cost of material and labor. Also include here any permanent equipment acquired by gift, giving an estimate of the value.

Description	How and When Acquired	Cost or Value

2. EQUIPMENT ON ATTACHED LIST THAT SHOULD BE DELETED:

Inventory Number	Name or Description	How and When Disposed of	Cost

3. ADJUSTMENTS OF RECORDED AMOUNTS OF COST OF EQUIPMENT AND REMARKS.

Should additional space be needed, please attach extra sheets to this report