

**Fashion Institute of Technology
Inventory Control Form
For Electronic Equipment**

(Includes: computers, CRT monitors, plasma and liquid crystal display screens, printers, keyboards, fax machines, chargers and audio-visual equipment)

This form is used to request the permanent transfer, storage or disposal of electronic equipment. After completing the form the department head should call extension 7-HELP to arrange for IT support staff to either transfer the equipment to another location on campus or to determine the condition of the equipment for re-distribution within the College or for disposal as unwanted electronic equipment. For transfers only, the requesting department should send the signed completed form to Operational Services, ATTN: Asset Management and keep a copy for its records. For requests to move electronic equipment to storage or for disposal, the completed form will be used by IT support staff to document the condition of the equipment for storage or disposal. **IT support staff will sign-off on the form, affix a copy to each piece of equipment and provide copies of the form to the requesting department before submitting the original signed form to Operational Services, ATTN: Asset Management.**

Under no circumstances should any electronic equipment be permanently removed from a department without the approval and assistance of IT support staff. In addition, no department is authorized to cannibalize parts from unworkable electronic equipment. This can only be done by the IT Department.

Department Name/ Number _____

Contact Name _____ Building _____ Room No. _____

Phone # 7- _____ Date: _____

Type of Inventory Action (Check one box only)

Transfer Electronic Equipment to another Campus Location

Scrap Electronic Equipment for disposal

Check the condition of equipment:

Obsolete

Broken//Non-repairable

Assign Electronic Equipment to IT Storage

Check the condition of equipment:

Excess/not needed

Good/Usable

Equipment Spreadsheet

FIT Asset Tag #	Serial #	Description	Destroyed/Erased Hard Drive (Y/N)	From Bldg/Room	To Bldg/Room

Remarks:

Department Chair/Director Approval _____ Date _____

IT Department Approval _____ Date _____