NEVADA SYSTEM OF HIGHER EDUCATION
COLLEGE OF SOUTHERN NEVADA
PROPERTY/ASSET MOVEMENT REQUEST FORM

DATE: _____
(must have calendar date)

FROM: _____
(Department)

IT IS REQUESTED THAT THE FOLLOWING ITEM(S) OF COLLEGE PROPERTY BE MOVED ON: DATE: _____
(must have calendar date)

PERSON TO CONTACT _____ CAMPUS _____ Bldg. & Room _____ Phone No. _____

IT IS ESSENTIAL THAT ALL COLUMNS BE ACCURATELY AND COMPLETELY ACCOMPLISHED.

						Surplus Items			
						To be completed by Receiving Staff only			
CSN INVENTORY ASSET TAG NUMBER (or serial number)	DESCRIPTION OF ITEM TO BE TRANSFERRED	FROM Campus	FROM Building & Room	TO Campus	TO Building & Room	Items Received	Tag Removed	Acquisiton Date	Book Value

Approval to move or to surplus items

Approved _____ for movement or surplus. ○ Removal of item(s) from department inventory list.
Dean, director or department chair

Please route to Facilities, Operations & Maintenance for furniture items - Sort Code: S2H / Cheyenne campus, room 2061

Approval _____ for movement or surplus
(signature)

Please route to Office of Technology Services (OTS) for computer hardware and peripheral equipment - Sort Code: Z2C / Cheyenne campus, room 2643

○ Moved by: _____ Approval _____ for movement, salvage or surplus
OTS Site Manager or Asset Manager - Signature

○ All CSN software removed _____
Print Name

Help Desk Office Case # _____

Route to Receiving Dept - Sort Code A1C / Cheyenne campus

○ Master Inventory Update

Received: _____ For items removed from inventory _____
(Signature) Date Approval - Controller or designee

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