

**COLLEGE OF CHARLESTON  
PROPERTY CHANGE IN ACCOUNTABILITY FORM**

(Detailed instructions regarding use of this form may be found in Inventory Control Procedures for Accounting of College Property and on website: [www.cofc.edu/~procure/](http://www.cofc.edu/~procure/))

Tag No.: \_\_\_\_\_ Current Assigned Location: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Dept./Building/Room No.

Item Description: \_\_\_\_\_ (Use Attachment A if reporting multiple items)

Was property purchased with grant funds? \_\_\_\_\_ No \_\_\_\_\_ Yes Acct. # Charge to: \_\_\_\_\_

**Change requested:**

\_\_\_\_\_ Temporary Removal from College Premises

\_\_\_\_\_  
Employee Assigned to

\_\_\_\_\_  
Address of Temporary Location

\_\_\_\_\_ Missing/Stolen Property (Attach copy of Public Safety Investigation Report)

\_\_\_\_\_ Transfer to another location

\_\_\_\_\_  
New Building/Room No.

\_\_\_\_\_ Transfer to another department

\_\_\_\_\_  
New Dept./Building/Room No.

\_\_\_\_\_ Cannibalized

\_\_\_\_\_  
How parts are to be used

\_\_\_\_\_ Pick up for Salvage or Surplus

\_\_\_\_\_  
When property may be picked up

\_\_\_\_\_ Trade or Other Change (example: catastrophic loss)

\_\_\_\_\_  
PO # referring to Trade or Description of Other Change requested

\_\_\_\_\_  
Signature of Responsible Department Head

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Department/ Phone No./Account #

\_\_\_\_\_  
Signature of Receiving Individual or Department Head (if transferred)

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Department/Phone No./Account #

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Signatures required for Missing/Stolen Property to be removed from inventory.

\_\_\_\_\_  
Provost or Sr. Vice President of Business Affairs/Date

\_\_\_\_\_  
President/Date

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