

Department of Metallurgical Engineering  
EQUIPMENT RELOCATION

Your Name		Date	
Equipment Name or Description			
U of U Inventory No.		Manufacturer	
Belonging to (P.I.)		Model No.	
was moved from Bldg. & Room # (old location)		Serial No.	
to Bldg. & Room # (new location)		will be scrapped <input type="checkbox"/> (see department sent to Surplus <input type="checkbox"/> for required forms)	

Do not scrap or retire equipment without proper forms and approval!  
Return this form to the department office, 412 WBB.

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