Cleveland State University

Property Control Inventory Change Form

Department Name: _____ Dept. Acct No*: _____ Relinquish to Property Control ☐

Signed By: _____ Ext: _____ Date: _____

Tag Number	Description of Equipment	Pick-Up Location	Deliver To Location	Office Use

Please Note: *The above account will be charged by Plant Services for the moving of equipment, etc.

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