

Inventory Change Request - Instructions

Changes that do not cross departmental organizations do not require an Inventory Change Request. Requested changes can be made via email to spa_plant@nmsu.edu.

Interdepartmental Transfers: Complete all applicable blanks on this form and obtain signature of department head within the sending department. Next, obtain signature of the department head of the receiving department. Make copies for departmental files; send original to Property Accounting, P.O. Box 30001, MSC AFR

Trade-ins/Exchange/Returns: Check the applicable type of activity and indicate the company to receive this property. Attach copies of the Purchase order(s) related to this activity. Obtain signature of department head in the sending department. Give any additional details about this transaction under comments. Retain one copy, send original to Property Accounting, P.O. Box 30001, MSC AFR

Stolen: For stolen items, complete all applicable blanks and obtain signature from department head. Attach a copy of an official police report. Retain departmental copy, forward original to Central Property Office (nmsuproperty@nmsu.edu), P.O. Box 30001, MSC 3001.

Turn in to Surplus: Complete all applicable blanks on the ICR form and obtain signature of the Dean/VP/CC President. Upon receipt of the equipment at Property, a signature will be obtained to complete the delivery and a copy will be forwarded to the sender. NOTE: ONLY UNIVERSITY OWNED EQUIPMENT MAY BE TURNED IN TO THE CENTRAL PROPERTY OFFICE. CONTACT PROPERTY ACCOUNTING FOR DISPOSITION INSTRUCTIONS FOR ALL NON-UNIVERSITY OWNED EQUIPMENT.

Cannibalized: Complete all applicable blanks on this form and obtain signature of Dean/VP/CC President. Turn in unwanted residual parts with the Property ID tag to the Central Property Office. Upon verification the equipment has been identified and has been verified as cannibalized, a signature from Property will complete the form.

Missing: Complete all applicable blanks on this form and obtain signature of Dean/VP/CC President. Please attach answers to the following questions:

- When was the last time this item was scanned?
- What was the last location this item had?
- What efforts were made to locate this item?
- Who is the custodian?
- What process will be put in place to avoid future items going missing?

Use back of form if additional space is necessary. Make one copy for sending department and send original to Central Property Office.

1. Enter Date.
2. Enter Department name.
3. Enter Campus Box.
4. Enter Requestor (who will be able to answer any questions we may have).
5. Enter Email address (for Requestor).
6. Enter Phone.
7. Enter Requestor Signature and date.
8. Checkmark if submitting Multiple Items. Submit Item List for Inventory Change request for additional Items, indicate all necessary fields.
9. Indicate all necessary fields for item (i.e., NMSU Barcode No., Metal Tag No., Item Description, Manufacturer, Model No. and Serial No, and Working Y/N).
10. Select one of the following:
 - a. Checkmark Trade in to and specify location based on Purchase Order if Item is being traded (attach copy of PO if available).
 - b. Checkmark Transfer to other NMSU Department if item is being transferred within the University.
 - i. Enter New Building.
 - ii. Enter Room Number. iii. Enter New Custodian.
 - iv. Enter Receiving Department. v. Enter Printed Name.
 - vi. Sign and Date.
 - vii. Enter Phone Number.
 - c. Checkmark one of these if related to Central Property: Stolen, Surplus to Property, Cannibalized, or Missing.
11. Enter any special comments in the Comments box.
12. Complete the Approval section with Printed Dean/VP/CC President or delegate permitted per BPM section 2.05, signature and date.
13. Route as per form to Property Accounting or Central Property Office.
14. For delivery, please e-mail to nmsuproperty@nmsu.edu.



ROUTING
Central Property MSC 3001
nmsuproperty@nmsu.edu
PROP ACCT - MSC AFR
spa_plant@nmsu.edu

SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____ Department: _____ Campus Box: _____
Requestor: _____ E-mail Address: _____ Phone: _____
Requestor Signature: _____ Date: _____ Org: _____

SECTION 2: REQUEST DETAILS

Multiple Items - Complete Attached Item List for Inventory Change Report Total Number of Items: (from attached list) _____

NMSU Barcode No: _____ Manufacturer: _____
Item Description: _____ Serial No.: _____
Model No.: _____

Route to Property Accounting: email: spa_plant@nmsu.edu

Trade-in Exchange Return To Vendor: _____
Please Reference P.O. Information
 Transfer to other NMSU Dept.
Receiving Dept.: _____ Org #: _____
Item Description: _____ Building and Room: _____
New Custodian: _____ New Equipment Manager: _____
Aggie ID: _____ Aggie ID: _____
Receiving Department Head: _____ Signature: _____ Date: _____

Route to Central Property Office: email: nmsuproperty@nmsu.edu

Stolen (attach police report) Destroyed Working: Yes No
 Surplus to Property Missing Sensitive Electronic Media: Yes No
 Cannibalized (attach pictures) Found Offered on RePete: Yes No
*only if item was previously recorded as missing must you scan the found item

Comments: _____

SECTION 3: OFFICIAL APPROVAL

*** BY SIGNING THIS FORM, THE SENDING DEPARTMENT ACKNOWLEDGES THAT ALL BETTERMENTS, ATTACHMENTS AND COMPONENTS BELONGING TO THIS ITEM ARE INCLUDED.**

Print Name: _____ Signature: _____ Date: _____
 Dean/VP/CC President **OR** Dept Head/Dir Principal Investigator

SECTION 4: INTERNAL DEPARTMENT USE ONLY

Procurement Services - Print Name: _____ Signature: _____ Date: _____
for: Cannibalized, Destroyed, Missing
Central Property - Print Name: _____ Signature: _____ Date: _____
Property Accounting - Print Name: _____ Signature: _____ Date: _____

Inventory Change Request- Item List

No.	NMSU Barcode No.	Status (Office Use Only)	Item Description	Manufacturer	Model No.	Serial No.	Working Y/N	Picked Up
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

FS Mover - Print Name: _____ Signature: _____ Date: _____

Reset