UB University at Buffalo

INVENTORY DATA CHANGE FORM

THIS ASSET IS ON THE ROOM PRINTOUT. PLEASE UPDATE THE DATA NOTED BELOW.

A. Fill in all information in the enclosed box.
B. **IF CHANGING DATA,** fill in the data for only those fields you want changed.
C. **IF ADDING MISSING DATA,** fill in only the required data to the right of the word, **"TO".**
D. Return this form to Asset Management at ubs-assetmanagement@buffalo.edu

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NAME OF PERSON REQUESTING CHANGE _____ TELEPHONE _____

DEPARTMENT _____ LOCATION _____ DATE _____

APPLICABLE ASSET # 0 3 _ _ _ _ _ _ _ REPORT DATE _____ PAGE # _____

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1. **BUILDING FROM** _____ TO _____

2. **ROOM NUMBER FROM** _____ TO _____

3. **DEPARTMENT ACCOUNT # FROM** _____ TO _____

4. **SOURCE OF FUNDING FROM** _____ TO _____

5. **GRANT # (RF ASSETS ONLY) FROM** _____ TO _____

6. **CONDITION FROM** _____ TO _____

7. **STATUS FROM** _____ TO _____

8. **ORIGINAL COST FROM** _____ TO _____

9. **COST OF REPLACEMENT FROM** _____ TO _____

10. **PERCENTAGE OF TIME ASSET IS UTILIZED FROM** _____ TO _____

11. **MANUFACTURER FROM** _____ TO _____

12. **MODEL # FROM** _____ TO _____

13. **SERIAL # FROM** _____ TO _____

14. **QUANTITY FROM** _____ TO _____

15. **YEAR ASSET ACQUIRED FROM** _____ TO _____

16. **ADDITIONAL INFORMATION OR CHANGES YOU WOULD LIKE RECORDED CONCERNING THIS ASSET**

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