Biology Department
Inventory Control Form

Transaction Type: ___________________________ Date: ____________

Equipment Description: _______________ Tag #: ____________

Serial #: ____________ Condition: ______________

Comments: ____________________________________________________________

Present Location: ______________________________________________________

Destination: ___________________________________________________________

Person Responsible for Equipment: ____________________________ (Please Print) ____________________________ (Extension)

"Authorized Signature" ____________________________________________

(Biology Department Representative) ___________________________________

To be completed when Equipment is returned:

Transaction Type: ___________________________ Date: ____________

Equipment Description: _______________ Tag #: ____________

Serial #: ____________ Condition: ______________

Person Returning Equipment: ____________________________ (Please Print) ____________________________ (Extension)

"Authorized Signature" ____________________________________________

(Biology Department Representative) ___________________________________

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