MOREHOUSE SCHOOL OF MEDICINE

Property Management
Inventory Form

REQUESTOR: _____ **DATE:** _____ **PHONE:** _____
(Print)

ITEM #1	
Description of Property: _____	
MSM Tag ID# _____	Serial # _____
FOAP: _____	Federal Funds* Used? (Y/N) _____
Current Location (BLDG/RM#) _____	
Proposed Location (BLDG/RM#) _____	
Transfer ☐ Storage** ☐ Donate ☐ Trash ☐	

ITEM #2	
Description of Property: _____	
MSM Tag ID# _____	Serial # _____
FOAP: _____	Federal Funds* Used? (Y/N) _____
Current Location (BLDG/RM#) _____	
Proposed Location (BLDG/RM#) _____	
Transfer ☐ Storage** ☐ Donate ☐ Trash ☐	

Supervisor's /Principle Investigator's Signature: _____ **Date:** _____

Email completed form with applicable signatures to the Fixed Assets Accountant at fixedassetsacct@msm.edu. Once approved, the form will be forwarded to the Maintenance Department.

*Disposal of Fixed Assets purchased with Federal Funds
Per 2CFR 200.312 – If current per-unit, fair market value is >$5,000.00, please attach written approval from the Federal awarding agency
**Please attach justification and storage contact details.

For Office of the Controller Use Only

Executive Signature: _____ Date: _____
Required for Disposal / Donation

Fixed Asset Accountant Signature: _____ Date: _____

ADD ADDITIONAL PAGES AS NEEDED

MOREHOUSE SCHOOL OF MEDICINE

REQUESTOR: _____ **DATE:** _____ **PHONE:** _____
(Print)

ITEM #3			
Description of Property: _____			
MSM Tag ID# _____	Serial # _____		
FOAP: _____	Federal Funds* Used? (Y/N) _____		
Current Location (BLDG/RM#) _____			
Proposed Location (BLDG/RM#) _____			
Transfer ☐	Storage** ☐	Donate ☐	Trash ☐

ITEM #4			
Description of Property: _____			
MSM Tag ID# _____	Serial # _____		
FOAP: _____	Federal Funds* Used? (Y/N) _____		
Current Location (BLDG/RM#) _____			
Proposed Location (BLDG/RM#) _____			
Transfer ☐	Storage** ☐	Donate ☐	Trash ☐

ITEM #5			
Description of Property: _____			
MSM Tag ID# _____	Serial # _____		
FOAP: _____	Federal Funds* Used? (Y/N) _____		
Current Location (BLDG/RM#) _____			
Proposed Location (BLDG/RM#) _____			
Transfer ☐	Storage** ☐	Donate ☐	Trash ☐

Supervisor's /Principle Investigator's Signature: _____ **Date:** _____

MOREHOUSE SCHOOL OF MEDICINE

REQUESTOR: _____ **DATE:** _____ **PHONE:** _____
(Print)

ITEM #6			
Description of Property: _____			
MSM Tag ID# _____	Serial # _____		
FOAP: _____	Federal Funds* Used? (Y/N) _____		
Current Location (BLDG/RM#) _____			
Proposed Location (BLDG/RM#) _____			
Transfer ☐	Storage** ☐	Donate ☐	Trash ☐

ITEM #7			
Description of Property: _____			
MSM Tag ID# _____	Serial # _____		
FOAP: _____	Federal Funds* Used? (Y/N) _____		
Current Location (BLDG/RM#) _____			
Proposed Location (BLDG/RM#) _____			
Transfer ☐	Storage** ☐	Donate ☐	Trash ☐

ITEM #8			
Description of Property: _____			
MSM Tag ID# _____	Serial # _____		
FOAP: _____	Federal Funds* Used? (Y/N) _____		
Current Location (BLDG/RM#) _____			
Proposed Location (BLDG/RM#) _____			
Transfer ☐	Storage** ☐	Donate ☐	Trash ☐

Supervisor's /Principle Investigator's Signature: _____ **Date:** _____