UNIVERSITY OF CALIFORNIA
EQUIPMENT MANAGEMENT DIVISION

EQUIPMENT INVENTORY MODIFICATION REQUEST

Type of Adjustment (check one only):
- Department Fabrication - Please give complete details of all equipment manufactured, including inventory components, in the Equipment Identification section of this form, as well as: Labor - Man-hours __________________________
- Materials and Supplies $ __________________________
- Equipment Components $ __________________________
- Total Cost of Fabrication $ __________________________

- Loan - Name of Borrower __________________________ Address __________________________
- Name of Lender __________________________ Address __________________________
- Period of Loan: From __________________________ To __________________________

- Lost: □ Destroyed; □ Stolen; Police Report No. __________________________:
- □ Excess to Department Needs
- □ Disassembled (List remaining inventory components below)
- □ Interdepartmental or Intercampus Transfer

Custodial Department Name __________________________ Account Number __________
From __________________________ To __________________________
Program in Dance __________________________ Equipment Management __________________________

Remarks: EQUIPMENT WILL BE RETAINED IN THE DEPARTMENT TRANSFER TO 1461 19999

<table>
<thead>
<tr>
<th>Property Number</th>
<th>Description of item (Include Serial Number)</th>
<th>Location</th>
<th>Order or Reference No.</th>
<th>Cost or Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>695001100</td>
<td>COMPUTER</td>
<td></td>
<td>0225670</td>
<td>1482.00</td>
</tr>
</tbody>
</table>

Department Name __________________________ Ext. __________
Department Number (Account) __________________________ Inventory Custodial Code __________________________

APPROVALS

FOR DEPARTMENT: __________________________
MATERIAL MANAGEMENT DEPARTMENT: __________________________

1. __________________________ Date: __________________________
2. __________________________ Date: __________________________

(C)F 2 (REV JAN 93)