

**CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION
FEDERAL EQUIPMENT NEW LOCATION AND DISPOSITION FORM**

Date:		Cost Center Name:	
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Cost Center Number: <small>Original Equipment Purchased From</small>	
Department Location:	
Description Of Equipment:	
Model Number:	
Serial Number:	
Equipment Tag Number: <small>(Foundation Number If Any)</small>	

Sold Amount: <small>If Applicable</small>	
Date Sold: <small>If Applicable</small>	

Transfer To: <small>Department And Room Number</small>	
Date Transferred:	
Disposal Date:	

Reason of Relocation/Disposal:	
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ACCOUNT SIGNER AUTHORIZATION

Prepared By:		MS# & Phone #	
Approved By:		Approved By:	

FOUNDATION USE ONLY:

Grant Accountant Approval:	
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