

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

MISSING EQUIPMENT NOTIFICATION

DEPT FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

The purpose of this form is to document assets not found during the department's most recent inventory that are believed to be misplaced. DO NOT use this form to report items that have been stolen or traded for another asset. If you know an asset has been stolen please contact Campus Police for a Police Report. Stolen and traded-in items should be reported on an Equipment Removal form and submitted to Property Inventory with supporting documentation or explanation.

For misplaced assets the department will have until the next annual inventory to find them. It is assumed that the asset custodian will be diligently looking for this item during the time between inventories. When the next inventory occurs and the asset has not been located an Equipment Removal form will be required using the code Retire as Missing. This form will require the Department Chair, Director, and/or Budget Head's signature. The missing equipment will also be reported to Internal Audit.

INVENTORY NUMBER	ASSET DESCRIPTION	SERIAL NUMBER	PURCHASE AMOUNT	PURCHASE DATE	LAST KNOWN LOCATION
1					
2					
3					
4					

I, the undersigned certify that a representative of my cost center has made a physical inventory of our equipment and the above items cannot be located at this time.

\_\_\_\_\_  
Print Name  
Department Inventory Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
Dept Business Administrator or Equivalent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date