

**DSLCC Equipment Move Form:**

This form is to be used by Technical Services and the AV Department to move any DSLCC equipment on campus.

From Department: \_\_\_\_\_ Name: \_\_\_\_\_

To Department: \_\_\_\_\_ Date: \_\_\_\_\_

From Room #: \_\_\_\_\_ To Room #: \_\_\_\_\_

QTY DSLCC # SS# MAKE/MODEL EQUIPMENT DESCRIPTION/

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Description: \_\_\_\_\_

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Technician Responsible for Moving Equipment: \_\_\_\_\_

Signature: \_\_\_\_\_

Return for back to Amy McKinney \_\_\_\_\_

Office Use Only:

Entered into altiris Inventory: \_\_\_\_\_ Yes \_\_\_\_\_ No