

# **GUIDELINES FOR ADJUSTING YOUR INVENTORY**

**A. An item needs to be added to your department inventory.** Ex. If purchased with a P-Card or you have never received a UNM tag for the item. See Inventory Control's website- [www.unm.edu/~plantfun](http://www.unm.edu/~plantfun) for taggable items. **Make sure to fill in all fields and have the Dean, Chair or Director sign the form before forwarding to the Inventory Control.** See example below

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
2	UNM																									
3	Check Box for Requested Adjustment																									
4	T = Transfer Between Departments																									
5	A = Add to Department Inventory (Provide PO #)																									
6	* = Required Information for Processing																									
7																					Receiving Dept.					
8																					New Location					
9		T	A	UNM Asset #, PO #, or P- Card Trans #	Model #	Serial #	Index & Acct Charged	Description	*Bldg	* Room																
10	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	S0012345	Optiplex 745	000000	03047/3189	Dell Computer	262	114																
11	2	<input type="checkbox"/>	<input type="checkbox"/>																							
12	3	<input type="checkbox"/>	<input type="checkbox"/>																							
13	4	<input type="checkbox"/>	<input type="checkbox"/>																							
14	5	<input type="checkbox"/>	<input type="checkbox"/>																							
15	6	<input type="checkbox"/>	<input type="checkbox"/>																							
16	7	<input type="checkbox"/>	<input type="checkbox"/>																							
17	8	<input type="checkbox"/>	<input type="checkbox"/>																							
18	9	<input type="checkbox"/>	<input type="checkbox"/>																							
19	10	<input type="checkbox"/>	<input type="checkbox"/>																							
20	11	<input type="checkbox"/>	<input type="checkbox"/>																							
21	12	<input type="checkbox"/>	<input type="checkbox"/>																							
22																										
23	Originating Department												**Receiving Department –Transfers													
24	Date Prepared: _____ *Org. Code: 032L												Date Prepared: _____ *Org. Code: _____													
25	Department Name: Inventory Control												Department Name: _____													
26	Department Contact: Jane Doe												Department Contact: _____													
27	E-Mail Address: <a href="mailto:jdoe@unm.edu">jdoe@unm.edu</a>												E-Mail Address: _____													
28	Authorized Signature (Dean, Chair, or Director)												Authorized Signature (Dean, Chair, or Director)													
29	_____												_____													
30	_____												_____													
31	Send completed form to Inventory Control MSC 12 7020, or fax to 277-9286. If you have questions call 277-7715.																									
32																										
33																										
34																										
35																										

**B. An item is being transferred to another department.** The transferring department is responsible for completing the form, obtaining all necessary signatures, and forwarding the form to Inventory Control. See *example below*.

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**ASSET ADJUSTMENT FORM**  
 Check Box for Requested Adjustment  
 T = Transfer Between Departments  
 A = Add to Department Inventory (Provide PO #)  
 \* = Required Information for Processing

UNM

	T	A	UNM Asset #, PO #, or P- Card Trans #	Model #	Serial #	Index & Acct Charged	Description	Receiving Dept. New Location	
								*Bldg	* Room
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N00012345	Optiplex 745	000000	03047/3189	Dell Computer	262	114
2	<input type="checkbox"/>	<input type="checkbox"/>							
3	<input type="checkbox"/>	<input type="checkbox"/>							
4	<input type="checkbox"/>	<input type="checkbox"/>							
5	<input type="checkbox"/>	<input type="checkbox"/>							
6	<input type="checkbox"/>	<input type="checkbox"/>							
7	<input type="checkbox"/>	<input type="checkbox"/>							
8	<input type="checkbox"/>	<input type="checkbox"/>							
9	<input type="checkbox"/>	<input type="checkbox"/>							
10	<input type="checkbox"/>	<input type="checkbox"/>							
11	<input type="checkbox"/>	<input type="checkbox"/>							
12	<input type="checkbox"/>	<input type="checkbox"/>							

Originating Department \_\_\_\_\_

Date Prepared: \_\_\_\_\_ \*Org. Code: 418A

Department Name: Test Dept.

Department Contact: John Doe

E-Mail Address: jdoe@unm.edu

Authorized Signature (Dean, Chair, or Director) \_\_\_\_\_

\*\*Receiving Department –Transfers \_\_\_\_\_

Date Prepared: \_\_\_\_\_ \*Org. Code: 032L

Department Name: Inventory Control

Department Contact: Jane Doe

E-Mail Address: jdoe@unm.edu

Authorized Signature (Dean, Chair, or Director) \_\_\_\_\_

Send completed form to Inventory Control MSC 12 7020, or fax to 277-9286. If you have questions call 277-7715.

## **HOW TO DELETE ASSETS**

In order to have items deleted from your inventory please use the Request for Deletion of Assets Form (RDA) available at [www.unm.edu/~plantfun](http://www.unm.edu/~plantfun)

Please note that an explanatory memo is required for all requests along with any additional documentation. BOTH the memo and the form(s) are to be signed by the proper individual (Dean, Director, or Chair).

See the list of codes on the form for which one to use. If you have any questions please contact Inventory Control at 277-7715.

See below for an example of how a Request for Deletion of Assets Form (RDA) and memo should be completed.



# REQUEST FOR DELETION OF ASSETS

(UNM POLICY #7710, SECTION 5)

Date: 8/01/10 Dept.: \_\_\_\_\_ Test Department Org. 418A  
 Code: \_\_\_\_\_

**\*Codes for Reasons for Deletion**

(An explanatory memo must accompany all requests along with any documentation)

- A = Destroyed
- B = Discarded
- C = Disposed of by off-site employee
- D = Returned to agency without receipt
- E = Sent to Surplus Property Dept. and cannot locate documentation
- F = Taken by former employee for grant-related work
- G = Theft (*Provide Police Report if available*)
- H = Unlocated after exhaustive search
- I = Returned to vendor/Trade-in
- J = Other (Must provide an explanatory memo)

**Controller's Use Only**

*Code	Asset #	Description	Date Acquired	Cost	Accum. Depr.	Net Book Value
H	N00012345	Dell Computer - Portable	01/07/2000	\$ 1200.00		
G	N00067899	Robotic Testing Equipment	12/10/2001	\$ 8000.00		
I	N00106500	Pressure Tank	08/09/2001	\$ 4200.00		

**Dept. Dean/Chair/Director's Signature:**

Mrs. Example 8/01/10

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature required by Dean/Chair or Director

**Controller's Office Use Only**

Approved:  Disapproved:

Notes: \_\_\_\_\_

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**Controller's Office Signature:**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date: \_\_\_\_\_



Test Dept:  
MSC07-7777  
Ph: 277-7777

## EXPLANATORY MEMO

August 1, 2010

To: Inventory Control  
From: Test Dept ORG 418A

In the process of verifying our annual inventory, we searched every room and have been unable to locate Asset# N00012345, an Optiplex Laptop Computer s/n 000000. The last time it was used it was put away in the supply cabinet. No one has seen it since that time. After a second search we feel that this asset is no longer in our Department and we are requesting it be removed from our inventory.

Asset# N00067899, a Robotic Testing Equipment used by our mobile team, was stolen while out in the field last June. We have attached a police report. Please delete from our inventory.

Asset# N00106500, a portable pressure tank, was traded in to VWR for a newer model. Attached is a copy of the Purchase Order indicating the trade-in as well as a copy of the invoice. Please remove from our inventory.

If you have any questions please contact me at: 277-7777, Jane Doe

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Signature (Dean/Chair or Director)

Mrs. Example