

## Inventory Addition Form (Items being added to Inventory)

## **Completed Form Must Be Forwarded To The Inventory Clerk** No Later Than Five Working Days From Delivery Date

## Department/Division: \_\_\_\_\_

Date: \_\_\_\_\_

Inv. Tag No.	Serial No.	Description	PO No.	Cost	Delivery Date	Vendor Name	Funding Source	Dept. Division



**Transfer of Inventory Form** (Items being transferred from one Department or Division to another.)

Completed Form Must Be Forwarded To The Inventory Clerk No Later Than Five Working Days From Transfer Date

From: Department/Division \_\_\_\_\_

Date: \_\_\_\_\_

To: Department/Division \_\_\_\_\_

Inv. Tag	Serial	Description	Purchase Date	Cost	From:	To:
No.	No.				Building, Area, or Room	Building, Area, or Room

I hereby relinquish possession of this item.

Transfer Approved

I hereby accept possession of this item.

KCI Staff Signature

KCI Staff Signature

Posted: \_\_\_\_\_

Inventory Clerk

KCI Staff Signature