

INVENTORY REMOVAL/TRANSFER FORM

STARRS
St. Louis Area
Regional
Response
System

Creating Solutions Across Jurisdictional Boundaries

All removals and transfers must be pre-approved by EWG and STARRS. If you are transferring an item to another entity, then the entity receiving the transferred item(s) must fill out an inventory control form and send it to STARRS.

Program Remo	Name/Disciplince/					OFFICE USE ONLY					
	oving Item				Grant Type/ Budget Year		Purhase Order Number(s)				
Name/Discipline/Program Receiving Item (if applicable)					Line Number		Vendor Name				
ITEM C								t are bein	ng removed (include all accessories		
1											
2											
			pired, lost, stolen, e		emoval (i.e. damaged	, Section C: Removal			Disposal Method (please describe used to dispose of the item(s)).		
SECTION E: Ite		Describe in deta	ail the exact locatio	n of each item		IF: Point of Co		ide the co	ontact information for the person		
AGENCY					CONTACT PERSON				PHONE		
ADDRESS WHERE ITEM					ADDRESS						
WAS HOUSED								eceived B			
Signature Date:						Da	ate: ffice Use C	<u> </u>			



INVENTORY REMOVAL /TRANSFER CONTINUATION FORM



All removals and transfers must be pre-approved by EWG and STARRS. If you are transferring an item to another entity, then the entity receiving the transferred item(s) must fill out an inventory control form and send it to STARRS.

ITEM NUMBER	CATEGORY	QUANTITY	TAG NUMBER	SERIAL NUMBER	SECTION A: Item(s) F and parts).	em(s) RemovedDescribe all items that are being removed (include all accessories					
3											
4											
5											
6											
7											
8											
ITEM NUMBER			tionSpecify the opired, lost, stoler		emoval (i.e. damaged,	Section C: Date of Removal Section D: Disposal Method (please describe the methods used to dispose of the item(s)).					
SECTION E: Item(s) Location Describe in detail the exact location of each item prior to removal.						SECTION F: Point of Contact Please provide the contact information for the person responsible for the item(s).					
AGENCY					CONTACT	CONTACT PERSON					
ADDRESS WHERE ITEM IS HOUSED				ADDRESS	ADDRESS						
поозер)EU						By: Only)				
Signature Date:			:		Date: (Office Use Only)						