Form H

Cornerstone

An Integrated Approach to the Delivery of Community Health Services

Inventory Information for Equipment to be Moved

Agency/site name: _____ Agency/site ID number: _____

1. Fill in the "P-Tag Number" "Serial Number" and "Item Description" columns for each piece of equipment being moved.

2. For External Moves and Closing an Agency, also fill in the "Move From" and "Move To" columns.

P-Tag Number	Serial Number	Item Description	Move To

Rev: July 2007