

**UNIVERSITY OF CALIFORNIA
FINE ARTS PERMANENT COLLECTIONS
SCHEDULE OF CHANGES**

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Date of Request: _____

Campus: _____ Account #: _____

New: _____ Additions: _____ Deletion: _____ Value Change: _____

Amount of Change: _____ Effective Date: _____

Name of Collection: _____

Location: _____

New Total Value of Collections: _____

*The complete breakdown of items and values must be submitted to support all changes. Please submit completed form and breakdown of items to:

Office of Risk Services
2199 Addison Street,
Suite 615
Berkeley, CA 94720
Fax: (510) 643-0281

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