

PROPERTY TRANSFER FORM

INSTRUCTIONS: Fill out the entire form and forward to the Property Control Department to arrange transfer/disposition.

TO: PROPERTY CONTROL OFFICER _____ DATE: _____

FROM: (DEPT.) _____ BY: _____

RE: PROPERTY INVENTORY (FURNITURE AND/OR EQUIPMENT)

REASON: NO LONGER NEEDED () REPLACED YES () NO ()

TRANSFER ()

CONDITION: GOOD () FAIR () POOR ()

In working order minor repairs major repairs necessary

Under \$50.00

DECAL # _____ SERIAL # _____

ITEM DESCRIPTION: _____

PERMANENT TRANSFER: YES () NO ()

TRANSFER FROM: BUILDING/DEPT. NAME _____ ROOM# _____

TRANSFER TO: BUILDING/DEPT. NAME _____ ROOM# _____

OFF CAMPUS TRANSFER:

ADDRESS: _____

REASON: _____

LENGTH OF TRANSFER :(SPECIFY) _____

REMARKS: _____

APPROVED BY: _____

DEPT. HEAD/DIVISION CHAIR

DATE

DO NOT WRITE IN THE SPACE BELOW

(FOR INVENTORY PERSONNEL ONLY)

INVENTORY ADJUSTMENT DATE: _____ BY: _____ CC: BOR REPORT DATE _____