

MGA-Property Transfer Form

Please send all requests to ron.ardelean@mga.edu

Department Information			Receiving Department Information			Request Date: _____	Action Requested: _____ _____ _____ _____ _____ _____ _____	Additional Comments _____ _____ _____
From Department:			To Department:			Page ____ of ____		
Property Location:			Property Location:					
Address 1:			Address 1:					
Address 2:			Address 2:					
City:	State:	Zip:	City:	State:	Zip:			
Location Contact:			Location Contact:					
Phone:			Phone:					
Email:			Email:					

Line #	Qty	Item Description	Brand/Make	Model	Serial/VIN	Condition	State ID Tag #

Please complete this form for all disposal, surplus, or location changes to any assets. Give as much information as possible for each item listed and remember to enter Tag# for state property tag if one is attached to any of the assets listed. Send this completed form or any questions concerning this process to ron.ardelean@mga.edu

Property Released by Department Head Date

Authorized to surplus-VP of Business and Operations Date