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_______