EQUIPMENT TRANSFER REQUEST

ASSET INDENTIFIER	DESCRIPTION	TRANSFER TO COST CENTER # AND NAME	NEW LOCATION BUILDING NAME	NEW LOCATION ROOM #

1. Fill in the required information as indicated above.
2 Signatures of the requesting person, receiving person AND the appropriate Cost Center Head(s) are required.
3. Submit completed form to the property office PRIOR to moving equipment.

_____

Date **Person Requesting Transfer**

_____

Date **Cost Center Manager**

_____

Date **Person Receiving Property**

_____

Date **Cost Center Manager**