EQUIPMENT TRANSFER REQUEST

TAG NUMBER	DESCRIPTION	TRANSFER TO DEPT #	NEW LOCATION CODE

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

_____

Date **Person Requesting Transfer**

_____

Date **Department Head**

_____

Date **Person Receiving Property**

_____

Date **Department Head**