



PROPERTY RELOCATION OR TRANSFER FORM

Complete either Section 1 or Section 2. Then fill in the asset information in the lower part of the form.

1. The Property or Equipment, listed below, was relocated within a college or department.

Signature of Responsible party

Printed Name

Date

2. The Property or Equipment, listed below, was transferred to another college or department.

(Fill out all fields in this section) (Note: Also complete a Property Survey Request Form)

a. Originating Department Number:

Four empty boxes for department number

Department Name:

Line for department name

Signature: Dean/Chair/Dept. Head

Printed Name

Date

b. Receiving Department Number:

Four empty boxes for department number

Department Name:

Line for department name

Signature: Dean/Chair/ Dept. Head

Printed Name

Date

Table with 4 columns: State ID # (Property Tag#), Description, Old Location (Bldg./Room#), New Location (Bldg./Room#)

Please forward the completed form to: Property Office, Corporation Yard.

For transfers, the property will remain on the originating department's inventory if this form is not signed by both departments.