



PROPERTY TRANSFER FORM

Property Transfer Between Departments Involving Fixed Assets and/or Other Equipment

No. _____

Transfer of the following items between the listed departments is authorized.

Purchasing Authorization

Date

ITEM LIST

A.

Other Equip. Fixed Asset
Property # Property #

Description

Condition

STORES USE ONLY

Lot #

Item

ORIGINATING DEPARTMENT

B.

C.

Department

Organization No

Contact Person

Phone

Department Head Signature

Date

Items Located At

Shipping Officer Signature & Employee No

Date

RECEIVING DEPARTMENT

D.

E.

Department

Organization No

Contact Person

Phone

Department Head Signature

Date

Deliver Item(s) To

Receiving Officer Signature & Employee No

Date

ACCOUNTING DIVISION

F.

I certify that the necessary entries have been made in the Fixed Asset Register.

Accounting Division Signature

Date