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| C:\Users\wlewis\Pictures\UA-color-left-med.png | | | | | | | | **COOPERATIVE EXTENSION SERVICE**  **Property Transfer Form** | | | | | | | | | | | | | | | | | | | MISC-374  Rev. 4-5-2007 | | | | |
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|  | | | | | | | | | Transferring Dept. | | | | |  | | | | | |  | | | | | | | | | Receiving Dept. | | |
| Transfer Department: | | |  | | | | | | Org.# | | |  | | Receiving Department: | | | | | |  | | | | | | | | | Org. #: | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Contact Person: | |  | | | | | | | |  | | | | | Contact Person: | | | |  | | | | | | | | | |  | | |
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| Date: |  | | | Phone #: | |  | | | |  | | | | | Date: | |  | | | | Phone #: | | |  | | | | |  | | |
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| Signature of Dept. Head/Staff Chair Transfer Department | | | | | | | | | |  | | | | | Signature of Dept. Head/Staff Chair Receiving Department | | | | | | | | | | | | | | |  | |
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| **\*\*(DEPARTMENTAL SIGNATURES ARE REQUIRED ON ALL TRANSFERS)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Is equipment to be transported by someone outside of department?**  Yes  No (SELECT ONE) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | |
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| **If Yes:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person Transferring (Moving) Equipment: | | | | | |  | | | | | | | Department: | | | | |  | | | | | | | | Date: | | | |  | |
| ***(Transferring person must initial beside each item moved)*** | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |  | |
|  |  | | | | |  | | | | | | |  | | | | | | | | | | | | |  | | | |  | |
| **Is equipment to be taken to the IT department prior to being taken to the receiving department?**  **Yes**  **No (Select One)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| If yes: |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | |  |  | | |  | |  | | | |
|  | Signature of IT employee who worked on equipment. | | | | | | | | | | | | | | | | | | | | |  | Date | | |  | | Print Name | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |
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| **Description of Equipment** | | | | | **CES Tag #** | | **Serial #** | | | | | |  | | | **NOTES** | | | | | | | | | | **Dept/Room#** | | | | | **Initials** |
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| TRANSFER APPROVED BY FINANCIAL SERVICE OFFICE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | |  | |  | | | SIGNATURE | | | | | | | | | | | | | | | |  | | DATE | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*\*SEND COMPLETED TRANSFER FORM TO FINANCIAL SERVICES OFFICE\*\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |