|  |  |  |
| --- | --- | --- |
| C:\Users\wlewis\Pictures\UA-color-left-med.png | **COOPERATIVE EXTENSION SERVICE****Property Transfer Form** | MISC-374Rev. 4-5-2007 |
|  |  |  |
|  |
|  | Transferring Dept. |  |  | Receiving Dept. |
| Transfer Department: |       | Org.# |       | Receiving Department: |  | Org. #: |  |
|  |  |
| Contact Person: |       |  | Contact Person: |       |  |
|  |  |
| Date: |       | Phone #: |       |  | Date: |       | Phone #: |       |  |
|  |  |  |  |  |
|  |       |  |       |  |
| Signature of Dept. Head/Staff Chair Transfer Department |  | Signature of Dept. Head/Staff Chair Receiving Department |  |
|  |
| **\*\*(DEPARTMENTAL SIGNATURES ARE REQUIRED ON ALL TRANSFERS)** |
|  |  |  |  |  |  |
| **Is equipment to be transported by someone outside of department?** [ ]  Yes [ ]  No (SELECT ONE) |  |  |
|  |  |  |  |  |  |
| **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 |
|  |  |  |  |
|  |  |  |  |  | **Transfer** |
| **Description of Equipment** | **CES Tag #** | **Serial #** |  | **NOTES** | **Dept/Room#** | **Initials** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TRANSFER APPROVED BY FINANCIAL SERVICE OFFICE: |
|  |  |  |  |  |  |  |
|  |  |  | SIGNATURE |  | DATE |
|  |
| **\*\*SEND COMPLETED TRANSFER FORM TO FINANCIAL SERVICES OFFICE\*\*** |