

EQUIPMENT TRANSFER

(See reverse side for instructions)

DATE: _____
(MM/DD/YY)

T _____
(FO Code + 3 digits)

ASSET NO.	DECAL NO.	DESCRIPTION	COST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL ITEMS* _____		TOTAL COST* _____	

* ATTACH SEPARATE LISTING IF NECESSARY

FROM:

BUILDING CAMPUS: _____ BUILDING: _____
ROOM/FLOOR: _____
OTHER LOCATION: _____
AVAILABILITY: _____
SL ACCOUNT CODE: _____
ASSET FO: _____
ASSET CAMPUS: _____
OWNERSHIP/TITLE: _____
CUSTODIAN NAME: _____

TO:

BUILDING CAMPUS: _____ BUILDING: _____
ROOM/FLOOR: _____
OTHER LOCATION: _____
AVAILABILITY: _____
SL ACCOUNT CODE: _____
ASSET FO: _____
ASSET CAMPUS: _____
OWNERSHIP/TITLE: _____
CUSTODIAN NAME: _____

SIGNATURES:

CUSTODIAN: _____
DATE: _____
FISCAL OFFICER: _____
F.O. #: _____
DATE: _____

SIGNATURES:

CUSTODIAN: _____
DATE: _____
FISCAL OFFICER: _____
F.O. #: _____
DATE: _____

FOR PFMO USE ONLY

EXEC LEVEL: _____ DIVISION: _____
SCHOOL: _____ DEPT: _____

FOR PFMO USE ONLY

EXEC LEVEL: _____ DIVISION: _____
SCHOOL: _____ DEPT: _____