

# EQUIPMENT TRANSFER FORM

Original Department: \_\_\_\_\_ Name: \_\_\_\_\_

Transfer to Department: \_\_\_\_\_ Name: \_\_\_\_\_

**Directions:** An Equipment Transfer Form should be completed prior to the actual move. The transfer form should be approved by the appropriate Dean/Director and Vice President of the originating department and sent to the Purchasing / Equipment Department. The originating department should also make a copy of the transfer form and send it to the recipient of the transfer. Upon receipt of the transfer, the receiving recipient should sign the copy of the transfer form they received and send it to the Purchasing/Equipment Department to complete the transfer process.

Quantity	Description of Item	Model No. and/or Serial No.	Inventory or Decal No.	Current Bldg. /Room #	New Bldg. /Room #

Has the Information Systems Department been notified for computer transfers?    Yes                   No   
 If yes, has a help desk ticket been prepared?                                                  Yes                   No   
 Do you require assistance with this transfer?                                                  Yes                   No

Additional Comments:

Requested by \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED BY:**

\_\_\_\_\_                                                  \_\_\_\_\_  
 Dean / Director                                                  Vice President

Transfer Received by \_\_\_\_\_ Date \_\_\_\_\_