

Property Control Office 662-846-4005

## **EQUIPMENT TRANSFER REQUEST**

(If more space is needed, you may attach a list with the information as formatted below.)

Date:				
DESCRIPTION	DSU NUMBER	SERIAL NUMBER	NEW LOCATION (BUILDING & ROOM)	PERSON RESPONSIBLE
Please check appropriat	te condition(s) belo	 >w:		
Equipment Ope	erable (Storage)	Equipment Ino	pperable (Disposal)	
•	pickup by Facilities			
Сотрисе շգույ	pment has been pur		staff Signature/Date)	
DEPARTMENT TR	ANSFERRING	DEPARTMI	DEPARTMENT RECEIVING	
		-		
Signature of Department Head or Property Custodian			Signature of De or Property Cus	epartment Head istodian
			gnatures. It must be submitted to 30 days, a new form will need to b	
		Procurement,	Kent Wyatt Hall 221	