

PROPERTY MANAGEMENT TITLE TRANSFER OF UNIVERSITY EQUIPMENT

Send Completed Forms To:
Property Management Office
626 Jefferson Bldg.

UI Tag No.	Description	Effective Date	Serial No.	Model No.

Section A – Transfer-Out Information

Transfer Requested By: *(Two individuals must provide original signatures.)*

Requestor _____

Title: _____

Campus Address: _____

Phone #: () _____

Rationale for Transfer: _____

Requestor	Date	Dept. Executive Officer	Date

Section B – Receiving Party Information

Individual Name: _____

Institution: _____

Phone #: () _____

Address: _____

<u>Property Management Office Use Only:</u>	
	Date Entered _____
Authorizing Signature Grant Accounting _____	Completed By _____
Date _____	This is Federal Equip _____
Authorizing Signature Property Management Office _____	File Number _____
Date _____	