

Inventory Management Office

Phone: (601) 979-4222
(601) 979-4065
Fax: (601) 979-2181

EQUIPMENT TRANSFER REQUEST

DATE _____

Items to be Transferred:	JSU Numbers	*New Bldg. No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DEPARTMENT TRANSFERRING: _____

DEPARTMENT RECEIVING _____

ACCOUNT NUMBER _____

ACCOUNT NUMBER _____

Signature of Department Head or Property Officer

Signature of Department Head or Property Officer

Signature of Department Head or Property Officer

Signature of Department Head or Property Officer

Reason for Transfer: _____

Return all signed copies to Property Control.

* Indicates new building location or equipment for the Department Receiving.

Revised: 05/16/05

PROPERTY CONTROL