matc
Milwaukee Area Technical College

ADMINISTRATIVE SERVICES

REQUEST FOR TRANSFER/DISPOSAL OF EQUIPMENT/FURNITURE

Date _____

Requested By: _____ (Name) _____ (Phone No.)

Present Location of Items: _____ (Room No.) _____ (Campus)

Reason for Transfer: _____

Description of Item	MATC Bar Code No.	Destination

Authorization For Transfer/Disposal:

_____

SIGNATURE: Department Head, Dean, Regional Administrator Date

RETURN COMPLETED FORM TO ADMINISTRATIVE SERVICES

For Administrative Services Use Only:

Disposition: ❑ Sold ❑ Transfer ❑ Scrapped ❑ Trade-in

Comments: _____

_____

_____

Copies To: ❑ Const Svc ❑ Building Svc ❑ Fixed Assets ❑ Other

Signature & Date _____ _____ _____

MATC is an Affirmative Action/Equal Opportunity Institution and complies with all requirements of the Americans With Disabilities Act.

95:53 (Revised 12/20/95)