

EQUIPMENT/FURNITURE TRANSFER REQUEST NOTE: THIS IS NOT FOR USE WITH ITEMS THAT NEED TO BE DISPOSED/SCRAPPED/SOLD

Date:	Requested By:				
	(Name - PLEASE PRINT)			(Phone Number)	
Current Location of Ite	Campus Location & Room Number)	Transfer to:		Location & Room Number)	
	(Campus Location & Room Number)		(Campus	Location & Room Number)	
Reason for Transfer					
	DESCRIPTION OF ITEM <i>ude Mfg, Make, and Model Name/No.</i>	MATC Property	/ Tag No.	Serial Number	
T Todoo IIToto	indo mig, mano, and model Hamerto.				
			* DO NOT r	emove MATC asset tags from item(s	
Department Manager/As	ssociate Dean Authorization				
	(Signature)	(Printed Name)		(Date)	
	Route Completed Form to	Facilities Managemer	nt – Room	M82	
	<u>-</u>	S MANAGEMENT USE ONLY			
Comments:					
Comments.					
Copy distributed to F	Fixed Asset Manager: 🚨 Date				
Signature and Date:					
L	CONFIDE	AATION OF TRANSCER			
		IATION OF TRANSFER	,		
I acknowledge the it	ems listed above were delivered to Ro	om # on		<i></i>	
Signature and Date:					