Issue / Transfer Request Form

From: _____   To: _____
(Department and department code)   *(Department and department code)*

Room # _____   Room # _____
(Present location - room number)   *(New location - room number)*

Reason for transfer: _____

Recepient's name: _____
(Assignee of asset)

Condition of asset (must be indicated):   Good working condition: ☐   Not working: ☐

Property was picked up by:_____   Hard drive removed by: _____
(Print/Signature OIT Staff / Date)   *(Print/Signature OIT Staff / Date)*

Department staff transferring property: _____
(Print   /   Signature   /   Date)

Change of location ONLY (Departmental reponsibility does not change)   Department: _____

Room # _____   Room # _____
(Present location - room number)   *(New location - room number)*

Inventory Number	Description	Serial Number (if visible)

Department Head/Alt Head (Transferee): _____   Date: _____

Department Head/Alt Head (Transferor): _____   Date: _____

*** FOR OFFICE USE ONLY ***

Received by: _____   Date: _____

Verified by: _____   Date: _____   Property Manager Authorization: _____   Date: _____

Posted by: _____   Date: _____