UNIVERSITY OF CENTRAL ARKANSAS
OFFICE OF INVENTORY CONTROL

TRANSFER OF EQUIPMENT

Releasing Dept: _____ **Receiving Dept:** _____

☐ **Interdepartmental Transfer** ☐ **Within Department Transfer**

Moving Department to Move: ☐ **YES** ☐ **NO**

Receiving Dept. Acct. #: _____ **Date:** _____

Pickup Location: _____

Description	Tag Number	New Building/Room

_____ _____

Releasing Department Signature **Receiving Department Signature**

NOTE: Both Releasing Dept. and Receiving Dept. Signatures are Required on Form for Interdepartmental Transfer

_____

Inventory Control Signature

Send Completed Form to Inventory Control Office McCastlain Hall 108