

PROPERTY MANAGEMENT
INTER-DEPARTMENTAL EQUIPMENT TRANSFER REQUEST

Send Completed Form to:
Property Management Office
204 Bryan

Date _____

Department _____

Account Number _____

Tag Number	Description	Current Location	New Department	New Location	PMO only

Request Made By _____

Phone _____

To Be Completed By Property Management Office

Date Forwarded to Plant _____

Transferred Completed By _____ Date _____

Property Received By _____ Date _____