

ANGELO STATE UNIVERSITY

Request for Equipment Transfer

Date Initiated: \_\_\_\_\_

FROM: \_\_\_\_\_ Department (Transferor) \_\_\_\_\_  
Department Head's Signature

TO: \_\_\_\_\_ Department (Transferee) \_\_\_\_\_  
Department Head's Signature

Inventory Tag Number	Present Location	Description of Item(s)	Condition of Item(s)
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Property Manager's Approval: \_\_\_\_\_ Date Completed \_\_\_\_\_

The Transferor shall initiate this form in triplicate, signing and forwarding all copies to the Transferee for completion. The Transferee will sign and forward all copies to the Property Manager for his approval. The Property Manager will make all necessary inventory control number changes and return one copy to each of the respective departments.