



INVENTORY TRANSFER/DISPOSAL FORM

PLEASE PRINT ALL INFORMATION

Equipment Description: - _____

Tag Color: Green Blue Red Brown JCSC Silver JCSC Green

Tag # _____ Serial # _____

Custodian Name: - _____ Phone # _____
(Please Print) (Last Name) (First Name)

Department Name: - _____
(Please Print)

Reason for Transfer or Dispose: - _____

FROM: _____ **TRANSFER TO:** _____

BLDG _____ BLDG _____

ROOM _____ ROOM _____

DEPT _____ DEPT _____



FORM MUST BE AUTHORIZED BY DEPARTMENT SUPERVISOR

Custodian: - _____ Date: - _____
(Please Print) (Last Name) (First Name) (Sign)

Supervisor's Authorization: - _____ Date: - _____
(Please Print) (Last Name) (First Name) (Sign)

Preparer's Signature: - _____ Date: - _____
(Please Print) (Last Name) (First Name) (Sign)

IT Coordinator's Authorization: - _____ Date: - _____
(Please Print) (Last Name) (First Name) (Sign)

Please Return To: Controller's Office (Fixed Assets) Hepburn 102, Attention: Himanshu Patel

CONTROLLER'S OFFICE USE ONLY

AUTHORIZED BY: - _____ DATE _____

TRANSFER/DISPOSE BY:- _____ DATE _____
(HOUSEKEEPING STAFF) - (PLEASE RETURN TO CONTROLLER'S OFFICE)