GRAMBLING STATE UNIVERSITY

Property Control Department

Request For Transfer Of Equipment

Date of Transfer:

	From:	To:
Building:		
Room #:		
Assigned To:		
Department:		
Location Code:		

Qty.	Description	State Tag Number (last 5 digits)	Title III Tag Number	Serial Number

	Type of Transfer
☐	Permanent
☐	Temporary

Reason for Transfer:

Approved By:

Inventory Specialist (Transferring) Date

Inventory Specialist (Receiving) Date

Property Control Department Date

Director of Title III Programs (If applicable) Date

***This transfer form will not be official until all required signing authorities have signed this document and presented to the Property Control Office.**

Print