

Property Transfer Form

Cost Center Manager: _____ Department Name: _____
 Phone Number #: _____ Date: _____ Cost Center: _____

SECTION 1-

- Items already moved, please update records
- Items transferring to a new location
- Items transferring to a different department

Note:

SECTION 2- PROPERTY DESCRIPTION (REQUIRED FOR ALL REQUEST TYPES)

FAU Property #	Description of Property (Name, Make, Model)	Serial Number	Transferring From:		Transferring To:	
			Cost Center: _____		Cost Center: _____	
			Building Abbreviation	Room Number	Building Abbreviation	Room Number

SECTION 3- CERTIFICATION (REQUIRED FOR ALL REQUEST TYPES)

Transferring Out Department:

I certify that the property listed above is being transferred to another department and accountable officer.

Cost Center Manager (Print): _____ **Cost Center Manager** Signature: _____ Date: _____

Transferring In Department:

I hereby acknowledge the receipt of the property listed above.

Cost Center Manager (Print): _____ **Cost Center Manager**: _____ Date: _____