

Issue Property to a Worker Form

Cost Center Manager: _____ Department Name: _____
Phone Number #: _____ Cost Center: _____
Faculty/Staff Member Property being transferred to: _____
Phone Number #: _____ Building/Room: _____

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

| FAU Property # | Description of Property (Name, Make, Model) | Serial Number |
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SECTION 3- CERTIFICATION (REQUIRED FOR ALL REQUEST TYPES)

Transferring Out Department:

I certify that the property listed above is being issued to myself.

Faculty/Staff Member (Print): _____ **Faculty/Staff Member** (Signature): _____ Date: _____

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