Inventory Transfer Form - (I-002)

INSTRUCTIONS:
Complete the following sections (Transfer Location, Assignee, SCSU Barcode #, Description, appropriate signatures) and Fax (x26134) or mail to Facilities Operations Inventory Office

TRANSFER THE FOLLOWING SCSU INVENTORY:

FROM:

Building__________________  Room___________  Department__________________________________

TO:

Building__________________  Room___________  Department__________________________________

ASSIGNEE NAME

__________________________________________________________________________

SCSU BARCODE #:  DESCRIPTION OF ITEMS:

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<th>SCSU BARCODE #</th>
<th>DESCRIPTION OF ITEMS</th>
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Requester’s Name  (Print) ____________________________________________________________

Requester’s Signature ____________________________________________________________  Date

IT Technician Name  (Print) _________________________________________________________

IT Technician Signature _________________________________________________________  Date

FO Mover’s Signature ____________________________________________________________  Date

Dept. Head signature required only for all permanent transfers from one department to another.

Dept. Head Signature  (or Designee) ________________________________________________  Date

FOR IT USE ONLY

COMPUTER NAME

BACKUP

RE-IMAGE

HD ERASED

DAMAGED

7804-012345

Fax white copy (original) to Inventory Control x26134  □
Yellow copy to Dept. Inventory Representative  □