



Inventory Transfer Form - (I-002)

rev. 9/5/06

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 ITEM:	FOR IT USE ONLY COMPUTER NAME	BACKUP	RE-IMAGE	HD ERASED	DAMAGED
7804-						
7804-						
7804-						
7804-						

Requester's Name (Print) _____

Requester's Signature _____
Sign _____ *Date* _____

IT Technician Name (Print) _____

IT Technician Signature _____
Sign _____ *Date* _____

FO Mover's Signature _____
Sign _____ *Date* _____

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

Dept. Head Signature _____
(or Designee) *Sign* _____ *Date* _____

Fax white copy (original) to Inventory Control x26134

Yellow copy to Dept. Inventory Representative