**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES**

# REPORT OF TRANSFER OF PROPERTY

(To be used in ALL cases of Transfer Between Dept. Property Administrators)

From: To:

Department       Department

Bldg/Room       Bldg/Room

Cost Center       Cost Center

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Property****Tag No.** | **Description** | Serial**No.** | **Date****Acquired** | **Cost from****Inventory Records** |
|       |       |       |       |       |
|       |       |       |       |       |
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TRANSFERRING DEPARTMENT: RECEIVING DEPARTMENT:

Signature of Dept. Property Admin. Signature of Dept. Property Admin.

Typed (Printed) Name/Title Typed (Printed) Name/Title

Dean, Director, Dept. Head Dean, Director, Dept. Head

Date Date

FORWARD THE ORIGINAL AND A COPY TO THE RECEIVING DEPARTMENT. FORWARD A COPY TO PROPERTY MANAGEMENT. RETAIN A COPY FOR YOUR RECORDS. THE RECEIVING DEPARTMENT WILL ACKNOWLEDGE RECEIPT AND FORWARD ORIGINAL TO PROPERTY MANAGEMENT, M/S 759 OR FAX TO (501) 686-6276.