SDSU INTRACAMPUS TRANSFER OF EQUIPMENT FORM
Property Office (619) 594-0950

FROM:	TO:	DISPOSITION:
		____ TRANSFER TO MATERIAL MANAGEMENT AS SURPLUS
		____ TRANSFER TO ANOTHER DEPARTMENT
		____ CHANGE OF LOCATION WITHIN DEPARTMENT
		____ TRANSFER FROM MATERIAL MANAGEMENT SURPLUS

STATE ID#	BRIEF DESCRIPTION	CURRENT LOCATION	NEW LOCATION	STATE ID#	BRIEF DESCRIPTION	CURRENT LOCATION	NEW LOCATION

SIGNATURES (DEPARTMENT TRANSFERRING EQUIPMENT)

APPROVED: _____ _____
INVENTORY CLERK DATE

***APPROVED:** _____ _____
CHAIR/ADMINISTRATOR DATE

***APPROVED:** _____ _____
DEAN/DIRECTOR DATE

SIGNATURES (DEPARTMENT RECEIVING EQUIPMENT)

***APPROVED:** _____ _____
INVENTORY CLERK DATE

***APPROVED:** _____ _____
CHAIR/ADMINISTRATOR DATE

***APPROVED:** _____ _____
DEAN/DIRECTOR DATE

***MUST BE COMPLETED ONLY WHEN TRANSFERRING EQUIPMENT FROM DEPARTMENT TO DEPARTMENT**

FOR PROPERTY USE ONLY	PROPERTY RECORDS UPDATED ON		BY

Please submit all copies to Property Office MC 8356, distribution to follow.
White copy: Property File Yellow copy: Department "TO" Pink copy: Department "FROM"