

**MISSISSIPPI UNIVERSITY FOR WOMEN
EQUIPMENT TRANSFER REQUEST**

TO: PROPERTY CONTROL

DATE: _____

PLEASE MAKE THE FOLLOWING TRANSFER OF EQUIPMENT ON MISSISSIPPI UNIVERSITY FOR WOMEN'S INVENTORY RECORDS.

IS THIS A TEMPORARY TRANSFER? YES NO

DURATION OF TRANSFER: _____

TRANSFER TO: _____
(what department is getting the item)

Where will the item now be located?

BUILDING _____ ROOM NO. _____

TRANSFER FROM: _____
(what department is getting rid of the item)

ITEM REQUESTED TO BE TRANSFERRED

Inventory Tag Number	Description

REMARKS: _____

APPROVED BY:

TRANSFERRING DEPARTMENT:

RECEIVING DEPARTMENT:

DEPARTMENT HEAD

DEPARTMENT HEAD

PROPERTY CONTROL OFFICER