

STATE UNIVERSITY OF NEW YORK AT FREDONIA

EQUIPMENT TRANSFER FORM

This form must be completed and sent to Property Control in order to relocate or dispose of any SUNY Fredonia property. *Under no circumstances should equipment be removed or disposed of without this signed approval and notification from Property Control.*

DEPT. _____ BLDG. _____ ROOM _____ DATE _____

***CONDITIONS: Good, Poor, or Inoperable**

SUNY Property Tag #	Item Description-Condition*	Manufacturer	Model	Serial Number

Reason for Request: (check the box that applies)

Transfer to another user within the same department (indicate name, dept. and room #): _____

Transfer to another user in a different SUNY Fredonia department (indicate name, dept. and room #): _____

Surplus (state why you wish to dispose of this item): _____

The Property listed above is no longer required by this user.

TRANSFER APPROVAL

Department Chair/Director: _____ Date: _____
(SIGNATURE)

Property Control Coordinator: _____ Date: _____
(SIGNATURE)

RETURN FORM TO PROPERTY CONTROL OFFICE, 303 MAYTUM HALL