

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 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):

. This user no longer requires the Property listed above.

TRANSFER APPROVAL

Dept. Chair/Director:

Date:

(PRINT NAME)

(SIGNATURE)

Property Control Coordinator:

Date:

(SIGNATURE)

RETURN FORM TO PROPERTY CONTROL OFFICE MAYTUM 404