

SOWELA Technical Community College
MOVABLE PROPERTY TRANSFER REQUEST

REQUESTED BY: _____ DATE: _____

PLEASE MOVE THE FOLLOWING ITEMS:

DESCRIPTION	STATE or LOCAL TAG #	MOVING FROM ROOM #	MOVING TO ROOM #

From: _____
 Site/Building

 Location Number

 Employee

To: _____
 Site/Building

 Location Number

 Employee

→ Does the property need to be moved by maintenance? Yes No DATE: _____

REVIEWED AND RECORDED FOR PROPERTY INVENTORY

PROPERTY CONTROL MGR: _____ DATE: _____

MOVED BY: _____ DATE: _____

RECEIVED BY: _____ DATE: _____

PLEASE COMPLETE FORM AND RETURN TO PROPERTY CONTROL MGR BEFORE MOVING ANY STATE OR LOCAL ITEM