

CAMPUS DEPARTMENT TRANSFER FORM

Authorization to Transfer Surplus Property to a Campus Department

Person Picking Up Surplus: _____

Department: _____

OUC Number: _____

Item Description:

Tag #: _____ Description: _____

Tag #: _____ Description: _____

Tag #: _____ Description: _____

Tag #: _____ Description: _____

Tag #: _____ Description: _____

Tag #: _____ Description: _____

Tag #: _____ Description: _____

Tag #: _____ Description: _____

Tag #: _____ Description: _____

Tag #: _____ Description: _____

Tag #: _____ Description: _____

Authorized Signature: _____

Dean Director Department Head (circle one)

Printed Name: _____

Date: _____

Form is invalid (30) days after signature