** Request for Transfer of Equipment Form**

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| **Instructions:** |

1. **The College/Department Property Coordinator will complete Section 1. If items have already been moved, write “ALREADY MOVED” across the top of the form.**
2. **The College/Department Property Coordinator will enter the “Transferred From” and “Transferred To” Information in Section 2.**
3. **Send the completed form to Facilities Management Services, Customer Communications Center who will schedule the move/pick-up.**
4. **When the equipment is picked up by Campus Services; the Department Head/Designated Representative will sign and date in the “Transferred From” area of Section 2.**
5. **When the equipment is delivered by Campus Services; the Department Head/Designated Representative will sign and date in the “Transferred To” area of Section 2.**
6. **Upon completion of Sections 1 and 2, this form should be forwarded to Property Accounting for individual items > $2,999.**
7. **Section 3 will be completed by the Property Accounting Office.**
8. **DO NOT USE THIS FORM TO SURPLUS EQUIPMENT.**

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| **SECTION 1** | | | | | | | | | | | | | | | | | | | | | |
| **PROPERTY IDENTIFICATION INFORMATION** | | | | | | | | | | | | **From Present Location** | | | | | | **To New Location** | | | |
| **GSU Decal #** | | **Description** | | | | | | **Serial Number** | **Amount** | | | **Building Name** | | | | | **Room #** | **Building Name** | **Room #** | | |
| Type here | | Type here | | | | | | Type here | Type here | | | Type here | | | | | Type here | Type here | Type here | | |
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| Type here | | Type here | | | | | | Type here | Type here | | | Type here | | | | | Type here | Type here | Type here | | |
| **SECTION 2** | | | | | | | | | | | | | | | | | | | | | |
| **Transferred From:** | | | | | | | | | | | **Transferred To:** | | | | | | | | | | |
|  | Type Division/College Here | | | |  | Type Department Here | | | |  |  | | Type Division/College Here | |  | Type Department Here | | | | |  |
|  |  |
|  | **Division/College** | | | |  | **Department** | | | |  |  | | **Division/College** | |  | **Department** | | | | |  |
|  | Type Name Here | | | |  | Type Phone number Here | | | |  |  | | Type Name Here | |  | Type Phone number Here | | | | |  |
|  | **Released by** | | | |  | **Phone** | | | |  |  | | **Received by** | |  | **Phone** | | | | | |
|  |  | | |  | | | Click here to enter a date. | | |  |  | |  | |  | Click here to enter a date. | | | | |  |
|  | **Signature (Department Head/Designated Representative)** | | |  | | | **Date:** | | |  |  | | **Signature (Department Head/Designated Representative)** | |  | **Date** | | | | |  |
| **SECTION 3** | | | | | | | | | | | | | | | | | | | | | |
| **Property Accounting Use For Assets with Original Value > $2,999. Phone: (404) 413-3027 Fax: (404) 413-3075.** | | | | | | | | | | | | | | | | | | | | | |
| **Records Changed by:** | | | Type Name Here | | | | | | |  |  | | **Date:** | Click here to enter a date. | | | | | |  | |
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| **All moves should be submitted at least 10 working days prior to the anticipated move day; we will contact you within 72 hours of receipt or fax.**  **Fax completed form to Facilities Management Services, Customer Communications Center: (404) 413-0710. For questions regarding this form please call (404) 413-0700.** | | | | | | | | | | | | | | | | | | | | | |