** 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.** |