SUNY MARITIME COLLEGE
PROPERTY CONTROL
EQUIPMENT TRANSFER FORM

DATE: _____

Department Name:
_____

Dept. Contact Person: _____
Phone Number: _____
Authorized Signature: _____
(Dept. Head)

		PRESENT LOCATION				NEW LOCATION			
INVENTORY TAG NUMBER	DESCRIPTION / MAKE/ MODEL # / SERIAL #	BUILDING	ROOM #	FLOOR		DEPARTMENT NAME	BUILDING	ROOM #	FLOOR