

The University of Mississippi

Equipment Transfer Notice

1. Date: _____

2. UM Inventory Number	3. Description	4. Serial Number

The following signatures authorize the transfer of this equipment FROM the department transferring the equipment TO the department receiving the equipment. SUBMIT after BOTH Department Heads have signed.

Transferring Department

(complete items 1, 2, 3, 4 and 5)

5. From: _____

(Dept. Code) (Department Name) (Department Head Signature)

Receiving Department

(complete items 6 and 7)

6. To: _____

(Dept. Code) (Department Name) (Department Head Signature)

7. Location: _____

(Building Name) (Room Number) (Person Using Equipment)

Property Control Use Only

Report # _____ Month/Year: _____

Property Officer: _____