

## Interdepartmental Device Transfer Form

Equipment Information:

Item Description:

Serial Number	Model	Manufacturer

Item Description:

Serial Number	Model	Manufacturer

Item Description:

Serial Number	Model	Manufacturer

Transferring (Donor) Department

Receiving Department

<p>The above listed equipment is being transferred by:</p> <p>Department: _____</p> <p>Liaison: _____</p> <p>Old Equipment Location:</p> <p>Building: _____ Room: _____</p> <hr/> <p>Signature (Department/Office Head)</p>	<p>The above listed equipment is being received by:</p> <p>Department: _____</p> <p>Liaison: _____</p> <p>New Equipment Location:</p> <p>Building: _____ Room: _____</p> <hr/> <p>Signature (Department/Office Head)</p>
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**For Technical Operations Use ONLY**

Date Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Entered By: \_\_\_\_\_