Print Form

University of North Texas Health Science Center at Fort Worth
Property Control
Equipment Transfer Notification Add On Attachment Sheet

Transferring Dept ID No.: 74950 Professional & Continuing Education

FM Request No.: ____________________

Date: ____________________

Tag No.	Equipment Description	Serial No.	Current Location Bld/Room No.	End User	New Location Bld/Room No.	End User	Condition

This form should be used in conjunction with the Equipment Transfer Notification form
ETN Att. 11/2009