

**University of North Texas
Health Science Center at Fort Worth**

Equipment Transfer Notification

- 1) Prior to any move or transfer of any state owned property, complete this form and send the original form to the Office of Property Control and fax copy to ext. 0300.
- 2) It is the responsibility of the releasing department to initiate this form.

Tag No.	Asset Description	Serial No.	Current Location Building/Room No.	End User	New Location Building/Room No.	End User

If space is needed for additional items, use the Equipment Transfer Notification attachment with the listed items.

Reason for Move: Condition of Equipment

Who will move the asset Request No.

Department ID/Name

Department Chairman Signature Date

Notice for Transfer of Responsibility

From:

Department ID/Name

Department Chair Signature Date

To:

Department ID/Name

Department Chair Signature Date

Property Control Use Only

Received Date in Surplus:

Redistribution Date:

Surplus Signature: _____

Facilities Management Use Only

All Items Picked Up in Department: Yes ___ No ___

All Items Picked Up in Redistribution: Yes ___ No ___

Assisted in Disposal of Asset(s): Yes ___ No ___

Moved By: _____

Date: _____

Computer Records Updated: _____ Date: _____

Property Control Manager: _____ Date: _____

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**Equipment Transfer Notification
Instructions**

- 1) **To relocate or transfer an asset** - An Equipment Transfer Notification form must be completed and approved by both department heads involved in the transfer. The department with accountability will initiate the Equipment Transfer form. Transfers to and from Surplus is initiated by the requesting department.
- 2) **Enter asset information:**
 - Tag No. – Assets on inventory can be identified with a red and white numbered tag. Write this number in the tag number column. This is important to track the movement of assets.
 - Description – Equipment will need a generic identification name (computer, microscope, balance, etc...), manufacturer and model name. Furniture will need a generic identification name (cabinet, table, chair, etc...) color, or identifying characters.
 - Serial Number – The number assigned by manufacturer for identification purposes. This number is useful to surplus identify unfamiliar assets. (Very Important)
 - End User – Enter the name of the individual using the asset(s) or in control of the asset(s).
 - Current Location – The location used is prior to the transfer of the asset.
 - New Location – The location the asset will be used after the transfer.
 - End User – Enter the name of individual assigned to use the asset(s) or in control of the asset(s). A receiving department may enter the individual's name. Leave the name blank for asset(s) designated for Surplus.
- 3) **Reason for Move** – State briefly why this asset is being moved.
- 4) **Condition** – State the condition of the asset. The following should be used:
New/Good/Fair/Poor
- 5) **Who Will Move the Asset** – State who will move the asset?
- 6) **FM Work Request No.** – The request number is assigned by the Facilities Management Work Order system when requesting Facilities Management to move assets. A copy of the approved Equipment Transfer Notification form must be faxed to Facilities Management at fax number 0300 when requesting a work order to be completed.
- 7) **Department ID Number** – The department id number currently accountable for the asset.
- 8) **Department Name** – The department name currently accountable for the asset.
- 9) **Department Chairman Signature and Date** – This signature is approving the transfer of asset.
- 10) **Notice for Transfer of Responsibility** – This section will identify the departments involved in the transfer of the asset. This section is not required for location changes.
 - From – The current accountable department name and number
Department Chairman Signature is the current custodian.
 - To – The new accountable department name and department
Department Chairman Signature is the acceptance of the transfer
- 11) **Property Control Use Only** – This area is used by surplus personnel.
- 12) **Computer Records Updates** – Signed by the Property Manager.
- 13) **Distribution** – The distribution of the Equipment Transfer Notification form is as follows:
 - Original with all approved signatures – Property Control
 - Copy of original with all approved signatures – Inventory Coordinator (From)
 - Copy of original with all approved signatures – Inventory Coordinator (To)