

University of North Texas Health Science Center at Fort Worth
Transfer of Assets (Agency/Inter-Agency)

Principal Investigator _____ Receiving Department _____

Transferring Agency _____ Agency No. _____ Receiving Agency _____ Agency No. _____

Previous Inv. No.	Description	Serial No.	Purchase Account	Historical Value	Date Acquired	Grant No.	Grant Title	UNTHSC Inv. No	Profile No.

Print Name _____
 _____ Custodian/Principal Investigator

Date

Signature _____
 _____ Custodian/Principal Investigator

Date

Approval:
 Signature _____
 _____ Department Chair

Date

Signature _____
 _____ Property Manager

Date