INDICATE REASON FOR TRANSFER:
- Within Department, relocated to different building (Fill out sections 1, 2, 3 and 10 only)
- Outside Department (Fill out sections 1, 2, 4 and 10 only)
- Off campus for Repair / Class Project (Fill out sections 1, 2, 5 and 10 only)
- On Loan (Off campus) (Fill out sections 1, 2, 6 and 10 only)
- Permanent Disposal (Fill out sections 1, 2, 7 and 10 only)
- Lost or Stolen (Fill out sections 1, 2, 8 and 10 only)
- Trade-In (Fill out sections 1, 2, 9 and 10 only)

1. Originating Department: ___________________________ Date: ____________

2. Equipment Decal # and Description:

3. SUNY / RF / BUF Number | Equipment Description
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4. Transfer Within Department, Relocated to Different Building:
Location Moved From: ___________________________ To: ___________________________
Building Room Building Room

5. Transfer Outside Department:
Location Moved From: ___________________________ To: ___________________________
Building Room Building Room

6. Off-campus for Repair/Class Project:
Location Moved From: ___________________________ To: ___________________________
Building Room Building Room

7. On Loan: (Off campus)
Location Moved From: ___________________________ To: ___________________________
Loaned To: ___________________________________ (Print Name) (Signature)
Building Room Building Room
Purpose of Loan: ________________________________ To Be Returned On: ____________
Date Returned: ____________ Condition of Equipment upon return: ____________________

8. Permanent Obsolete/Disposal:
Location Moved From: ___________________________ To: ___________________________
Building Room Building Room
Reason for Request To Consider Obsolete or To Dispose: ________________________________

9. Lost/Stolen:
Last Known Location: ___________________________ Date Noticed Lost/Stolen: ____________
Building Room

9. Trade-In:
Location of Equipment: ___________________________ PO # of New Equipment: ____________
Building Room
Name/Description of New Equipment: _________________________________________________

10. Departmental Approvals:
Chair or Department Director: ___________________________ (Print Name) (Signature)
Distribute copies as follows:
White (Property Control) Canary (Department) Pink (Public Safety) Gold (Attach to equipment) Green (RF Sponsored Funds)

THIS AREA FOR PROPERTY CONTROL OFFICE ONLY
SUCF System Input Date: ______ Status Code: ______ Storage Area: __________________________________________
Permanent Disposition: ____________________________ Receipt #: ____________________________ Date: _____________
Property Control Officer: ________________________________________________________________ (Print Name) (Signature)
VP, Administration: _________________________________________________________________ (Print Name) (Signature)
(or Designee) (Required for all Disposals and Lost / Stolen equipment only)

09-23-98