

TRANSFER EQUIPMENT FORM

PROPERTY TAGGING AND INVENTORY

This form is to be used when equipment is to be moved from one location to another on the Framingham State College Campus.

Forward this form to: **Property Control Office, Facilities Building.**

Framingham State College

100 State Street, Framingham, Massachusetts 01701

DATE: _____

NAME: _____

ACADEMIC DEPARTMENT: _____

DORMITORY BUILDING: _____

PROPERTY CONTROL NUMBER	DESCRIPTION	FROM	TO

All requests for equipment transfer must have the approval of the appropriate Department Head.

Signature of Department Head: _____