

Framingham State University

TRANSFER EQUIPMENT FORM

INVENTORY CONTROL

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

Original signed form must be forwarded to: Property Control Office, Peirce Hall Annex.

Date _____

Name _____

Originating Department _____

Receiving Department _____

Banner Organization Code _____

Banner Organization Code _____

Asset Tag Number (A#)	DESCRIPTION	FROM		TO	
		BUILDING	ROOM	BUILDING	ROOM

Department Chair/Head Authorized Signatures:

Originating Department

Receiving Department

(Print Name)

(Print Name)

(Signature) Date _____

(Signature) Date _____

*******For Inventory Control Department Use Only*******

Entered into Banner: _____
(Name)

Date _____