



Delta State University

Property Control Office

662-846-4777

EQUIPMENT TRANSFER REQUEST

Date: _____

ITEMS TO BE TRANSFERRED	DSU NUMBER	* NEW ROOM NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Indicates new room location of equipment in the Department Receiving.

_____ Check here if equipment is already located in the new department.

_____ Check here if Facilities Management is required to move/relocate the equipment to the new department.

_____ Other (**Must explain**)

DEPARTMENT TRANSFERRING

DEPARTMENT RECEIVING

Account # _____ Ext # _____ Account # _____ Ext # _____

Signature of Department Head
Or Property Officer

Signature of Department Head
Or Property Officer

Reason for Transfer: _____
