SAN FRANCISCO STATE UNIVERSITY

PROPERTY RELOCATION OR TRANSFER FORM

Complete either Section 1 or Section 2. Then fill in the asset information in the lower part of the form.

1. The Property or Equipment, listed below, was relocated within a college or department.

Signature of Responsible party _____ Printed Name _____ Date _____

2. The Property or Equipment, listed below, was transferred to another college or department.
(Fill out all fields in this section) (Note: Also complete a Property Survey Request Form)

a. **Originating** Department Number: ☐☐☐☐

Department Name: _____

Signature: Dean/Chair/Dept. Head _____ Printed Name _____ Date _____

b. **Receiving** Department Number: ☐☐☐☐

Department Name: _____

Signature: Dean/Chair/ Dept. Head _____ Printed Name _____ Date _____

State ID # (Property Tag#)	Description	Old Location (Bldg./Room#)	New Location (Bldg./Room#)

Please forward the completed form to: **Property Office, Corporation Yard.**
For transfers, the property will remain on the originating department's inventory if this form is not signed by both departments.
Rev: 8/08