

# FARMINGDALE STATE PROPERTY CONTROL DEPARTMENT EQUIPMENT TRANSFER FORM

DATE: \_\_\_ / \_\_\_ / \_\_\_  
DEPARTMENT INFORMATION

Department Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_  
(i.e. department head)

## TRANSFER

Asset/Decal Number	Description	PRESENT LOCATION			Department Name	NEW LOCATION		
		Building <small>(see below)</small>	Floor	Room		Building	Floor	Room

INSTRUCTIONS: - RETAIN COPY FOR YOUR DEPARTMENT FILES - RETURN ONE COPY TO PROPERTY CONTROL  
ANY QUESTIONS REGARDING TRANSFER CALL Sherry Buch at x2575 - THIS AND OTHER FORMS CAN BE DOWNLOADED AT OUR WEB SITE