University of Texas Health Science Center at San Antonio

PROPERTY TRANSFER REQUEST

Print Form

Date of Request:

	Transfer From	Transfer To
Department Name:		
Department ID:		
Printed Name of Approver:		
Transferor Signature:	Chair, Director, Administrator, or Designee	
Transferee Signature:		Chair, Director, Administrator, or Designee

Inventory Tag #	Description	Serial Number	New Responsible Person	New Location

Approved by Manager, Property Control: _____

If the asset is being transferred with cost, please attach a copy of the IDT.

Please forward one copy to Property Control - Office of Accounting (Campus Mail or email Property Control-Admin).