LAREDO COLLEGE
PROPERTY TRANSFER FORM

CONTROL NO. _____

FROM:	DEPARTMENT NAME:	ORG#	BUILDING NAME		ROOM #:
TO:	DEPARTMENT NAME:	ORG#	BUILDING NAME		ROOM #:
TRANSFER REASON:					

PLEASE EMAIL ALL TRANSFER FORMS TO: propertyinventory@laredo.edu

TAG NO. "FP" or "S" (if applicable)	DESCRIPTION	SERIAL NO	MODEL NO

REQUESTED BY:			
DIRECTOR:			
CHAIR / DEAN (if applicable)			
RECEIVED BY:			
EMPLOYEE NAME		SIGNATURE	
TRANSFER CONDUCTED BY I.T. DEPARTMENT			
REQUESTED BY:			
SUPERVISOR / DIRECTOR SIGNATURE:			
DELIVERED BY:			
TRANSFER CONDUCTED BY PROPERTY INVENTORY DEPARTMENT			
EMPLOYEE NAME		SIGNATURE	
BANNER UPDATE			

Banner Update BY: _____ DATE: _____