T		LAREDO COLLEGE						
* C	PROPERTY TRANSFER FORM							
LAREDO COLLEGE		CONTROL NO.						
FROM:	DEPARTMENT NAME: DEPARTMENT NAME:			ORG#	BUILDING NAME		ROOM #:	
				ORG#			ROOM #:	
то:	DEFACTIVENT IVANIE.			oka "	BUILDING NAME		icom ".	
TRANSFER REASON:				1	•	•		
	· ·	PLEASE EMA	AIL ALL TRANSFER F	ORMS TO: prope	rtyinventory@la	redo.edu		
TAG NO.					SERIAL NO			
"FP" or "S" (if applicable)		DESCRIPTION		MODEL NO				
	· ·							
DECLIFE TO								
REQUESTED BY:								
DIRECTOR:								
CHAIR / DEAN (if applicable)								
			Ri	ECEIVED BY:				
EMPLOYEE NAME			TO A NOTED CONDU	SIGNATURE				
DECUTETES SY			TRANSFER CONDU	CIED BY 1.1. DE	PAKIMENI			
REQUESTED BY:								
SUPERVISOR / DIRECTOR SIGNATURE:	`							
DELIVERED BY:								
		TRANSFE	ER CONDUCTED BY F	PROPERTY INVE	NTORY DEPART	MENT		
EMPLOYEE NAME				SIGNATURE				

BANNER UPDATE

DATE: _

Banner Update BY: