



Laredo College

PROPERTY TRANSFER FORM

Property Inventory Control No. _____

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

- **ALL FILE CABINETS, BOOKSHELVES, AND DESKS MUST BE EMPTIED BEFORE THE SCHEDULED MOVE.**
- **NO PERSONAL ITEMS WILL BE MOVED.** PLEASE INCLUDE IF THE TAG HAS AN "FP" for grant OR "S" for South.
- **PLEASE EMAIL ALL TRANSFER FORMS TO: propertyinventory@laredo.edu**

TAG NO.	DESCRIPTION	MODEL #	SERIAL #

REQUESTED BY:			
DIRECTOR:			
DEAN/CHAIR: (if applicable)			

TRANSFERS CONDUCTED BY DEPARTMENT

RECEIVED BY:		DATE	
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PROPERTY INVENTORY USE ONLY

DELIVERED BY: (PRINT NAME)		DATE	
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BANNER UPDATE

Banner Updated By:		Date:	
Reviewed By:		Date:	