Transfer Request Form

Date of Request: _____

Transferred From Information	Transferred To Information
Department:	Department:
Campus:	Campus:
Building:	Building:
Room:	Room:
Contact Person:	Contact Person:

All asset items must be listed separately and identified by GSCC Asset # and Serial #. Non-asset items may be grouped by type and do not require GSCC Asset #. Condition: (1) Good – functionally operational, (2) Fair – limited repairs necessary (3) Poor – major repairs necessary.

Quantity	GSCC Asset #	Serial #	Description (Item, Make, & Model)	Condition

Remarks:

Releasing Department Head or Dean	Transport Personnel
Released By:	Received By:
Signature:	Signature:
Date:	Date:

Note: Releasing official's signature certifies the asset information if applicable is correct and all software and data has been removed prior to being transferred to Surplus Operations.

GSCC Asset Operations	System Records Update
Received By:	Updated:
Signature:	Signature:
Date:	Date: