Date: _____

UTHSCSA EQUIPMENT TRANSFER REQUEST

CHECK ONE:

TRF w COST ☐ **From:** **To:**

TRF w/o COST ☐ **Dept.** _____ **Dept.** _____

Inventory Use Only Purchased with Account Number	Equipment Inventory No.	Description	Responsbile Person	Room No.	Inventory Value

CC _____ **DTR** _____

CS _____ **IDT** _____

Remarks: _____

_____

_____ _____

Transferor — Department Chairman, Head or Designee Only **Transferee – Department Chairman, Head or Designee Only**

White — Inventory Office Canary — Transferee Pink — Transferor INV 6 Rev. 10/99/cs #470866 F-395040077