University of Texas Health Science Center at San Antonio

PROPERTY TRANSFER REQUEST

Print Form

Date of Request:

Transfer From		Transfer To	
Department Name:		**Department Name:**	
Department ID:		**Department ID:**	
Printed Name of Approver:		**Printed Name of Approver:**	
Transferor Signature:		**Transferee Signature:**	
	Chair, Director, Administrator, or Designee		Chair, Director, Administrator, or Designee

Inventory Tag #	Description	Serial Number	New Responsible Person	New Location

Approved by Manager, Property Control: _____

Kit L. Ramzinski

If the asset is being transferred with cost, please attach a copy of the IDT.

Please forward one copy to Property Control - Office of Accounting (Campus Mail or email Property Control-Admin).