STATE UNIVERSITY OF NEW YORK HEALTH SCENCE CENTER AT BROOKLYN



Date	
Move Must Be	
Completed By	

EQUIPMENT TRANSFER FORM

(Detailed Instructions on pg. 23 of PCS User Manual)

✓	If movers are rec	quired	FROM				ТО			
✓	ASSET #	ITEM	BUILDING	ROOM	ACCOUNT	FLR	BUILDING	ROOM	ACCOUNT	FLR
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<u> </u>	•							•		
MOVED BY										
F&P or HOSP. HKPG. SIGN.			LOCATION UNIT (FROM)			LOCATION UNIT (TO)				
ON										
	DATE UNIT EQUIPMENT COORDINATOR SIGNATURE				RE	UNIT EQUIPMENT COORDINATOR SIGNATURE				
NOTE: Return form to Property Control, Box 82			NOTE: Send form to Property Control, Box 82				NOTE: Return form to Property Control, Box 82			
AFTER move is completed.						AFTER Receipt of items(s).				