

STATE UNIVERSITY OF NEW YORK
HEALTH SCIENCE CENTER
AT BROOKLYN



EQUIPMENT TRANSFER FORM
(Detailed instructions on pg. 23 of PCS User Manual)

Date _____
Move Must Be
Completed By _____

✓ If movers are required

			FROM				TO			
✓ ASSET #	ITEM		BUILDING	ROOM	ACCOUNT	FLR	BUILDING	ROOM	ACCOUNT	FLR

MOVED BY _____
F&P or HOSP. HKPG. SIGN.

ON _____
DATE

NOTE: Return form to Property Control, Box 82
AFTER move is completed.

_____ LOCATION UNIT (FROM)

_____ UNIT EQUIPMENT COORDINATOR SIGNATURE

NOTE: Send form to Property Control, Box 82

_____ LOCATION UNIT (TO)

_____ UNIT EQUIPMENT COORDINATOR SIGNATURE

NOTE: Return form to Property Control, Box 82
AFTER Receipt of item(s).