

Inter-Area Transfer

Please type or print information clearly

Property Accountability Office

This form is ONLY for re-location of equipment that is to remain on the same Project Number.

Equipment Information

1. Decal Number	2. Item Description		
3. Relocated From Building:		4. Relocated To Building:	
Room:		Room:	

For Property Accountability Use Only

Verified By Information

5. First Name	6. Last Name	7. Title
8. Signature		9. Date

Updated By Information

10. First Name	11. Last Name	12. Title
13. Signature		14. Date

This form does not replace the "Transfer/Turn-In" form (111-92)

Inter-Area Transfer – Instructions

1. Enter decal number of item/equipment being transferred.
2. Enter description of item/equipment being transferred.
3. Enter the building/room where the item/equipment is being relocated from.
4. Enter the building/room where the item/equipment is being relocated to.

For Property Accountability Use Office

5. Enter the first name of the person verifying the item/equipment being transferred.
6. Enter the last name of the person verifying the item/equipment being transferred.
7. Enter the title of the person verifying the item/equipment being transferred.
8. Provide the signature of the person verifying the item/equipment being transferred.
9. Enter the date the verifying person signed the form.
10. Enter the first name of the person updating the item/equipment being transferred.
11. Enter the last name of the person updating the item/equipment being transferred.
12. Enter the title of the person updating the item/equipment being transferred.
13. Provide the signature of the updating the item/equipment being transferred.
14. Enter the date the updating person signed the form.