

**MIDDLE GEORGIA FACILITY SYSTEM
In – House Equipment Transfer Form**

Action Request: <input type="checkbox"/> Transfer ()		Description Change ()		Other (Specify): _____	
Requesting/Releasing Department			Receiving Department		
Org #:			Org #:		
Building/Locator #		Room #:		Building/Locator #:	
Room #:		Room #:		Room #:	
Primary User:			Primary User:		
Phone #:			Phone #:		
Auth. Signature/Date			Auth. Signature/Date		
Line Item	Quan.	Decal No:	Description (Including Make, Model, Serial Number, Etc.)	Condition Good, Fair, Poor, Scrap	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

COMMENTS: _____

**PLEASE COMPLETE FOR ALL STATE PROPERTY EXCEPT COMPUTERS
SEND ORIGINAL TO CENTRAL PROPERTY CONTROL**