# STATE UNIVERSITY OF NEW YORK AT FREDONIA

# EQUIPMENT TRANSFER FORM

**This form must be completed and sent to Property Control in order to relocate or dispose of any SUNY Fredonia property*.*** *Under no circumstances should equipment be removed or disposed of without this signed approval and notification from Property Control.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DEPT |  | BLDG |  | ROOM |  | DATE |  |

**\*CONDITIONS: Good, Poor, or Inoperable**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SUNY Tag #** | **Item Description** | **Condition\*** | **Manufacturer** | **Model** | **Serial Number** |
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**Reason for Request:** (check the box that applies)

Transfer to another user within the same department (indicate name, dept. and room #):

Transfer to another user in a different SUNY Fredonia department (indicate name, dept. and room #):

Surplus (state why you wish to dispose of this item):

. This user no longer requires the Property listed above.   
  
**TRANSFER APPROVAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dept. Chair/Director:** |  | |  | **Date:** |  |
|  | **(PRINT NAME)** | | **(SIGNATURE)** |  |  |
| **Property Control Coordinator:** | |  | | **Date:** |  |
|  | **(SIGNATURE)** | | |  |  |

#### RETURN FORM TO PROPERTY CONTROL OFFICE MAYTUM 404