BLADEN COMMUNITY COLLEGE

Equipment Data Form

TRANSFER REQUEST

- ( ) **Transfer to another BCC Dept**
- ( ) **Transfer to another room within the Department**
- (•) **Transfer to another State Agency**

Date of Transfer _____

Inventory Number	Description	Current Location (Bldg & Room #)	Transfer to Location (Bldg & Room #)

TRANSACTION APPROVAL: (PRINTED NAME & SIGNATURES REQUIRED)

PRINT NAME & SIGN NAME *(Initiator)* *DATE*

PRINT NAME & SIGN NAME *(Receiver)* *DATE*

PRINT NAME & SIGN NAME *(Vice President for Finance)* *DATE*

Equipment Moved by:

ITS Technician-MOVED Equipment _____ *DATE*

Maintenance Technician-MOVED Equipment _____ *DATE*

Send file copy to: Department; Fixed Asset Coordinator; IT; Maintenance