

Texas A&M AgriLife
 Administrative Services – Property
DO NOT FILL

PROPERTY TRANSFERS



Releasing Agency Reference Number

Receiving Agency Reference Number

DATE PREPARED ON

Date Prepared

PERSON PREPARING FORM

Prepared By

- Check One:
- Transfer into (attach related correspondence)
 - Transfer within (move between two property department accounts)
 - Transfer out of (attach related correspondence)

Reason/Comments: **(REASON FOR THE TRANSFER OUR OF INVENTORY)** EX: Transfer to County; Non-working, Outdated, etc.

Asset Number	Description	Serial Number	Computer Name	Computer Hard Drive Status	Class Code	Acquisition Date	Asset Value
070000056598	Laptop - HP Elitebook 9470M	AEX125982		<input checked="" type="checkbox"/> Removed <input type="checkbox"/> N/A (not a computer)	REMOVED - FOR COMPUTERS/		
070000056527	Computer HP Elitedesk 800 G3	MXL72958JV		<input checked="" type="checkbox"/> Removed <input type="checkbox"/> N/A (not a computer)	LAPTOPS USE ONLY		
NI	Brother Laser Fax Machine			<input type="checkbox"/> Removed <input checked="" type="checkbox"/> N/A (not a computer)	N/A - NON-COMPUTERS		
NI	HP LaserJet Pro M402dn Printer			<input type="checkbox"/> Removed <input checked="" type="checkbox"/> N/A (not a computer)	USE ONLY		
				<input type="checkbox"/> Removed <input type="checkbox"/> N/A (not a computer)			
				<input type="checkbox"/> Removed <input type="checkbox"/> N/A (not a computer)			
				<input type="checkbox"/> Removed <input type="checkbox"/> N/A (not a computer)			
				<input type="checkbox"/> Removed <input type="checkbox"/> N/A (not a computer)			
Total:							\$ 0.00

RELEASING DEPARTMENT/AGENCY:

DS12 / UNIT# (CO.NAME) AGRILIFE EXTENSION

Prop. Dept./Unit Property Department Name

SIGNATURE OF COORD DATE SIGNED

Signature of APO or Alternate APO Date

DO NOT FILL OUT

Signature of Agency Property Manager Date

(this is not to be signed at unit level)

Member # Agency #

RECEIVING DEPARTMENT/AGENCY:

(LEAVE BLANK) DEPT /AGENCY RECEIVING

Prop. Dept./Unit Property Department Name

SIGNATURE OF AGENCY RECEIVING DATE RECEIVED

Signature of APO or Alternate APO Date

DO NOT FILL OUT

Signature of Agency Property Manager Date

(this is not to be signed at unit level)

Member # Agency #