

**UNIVERSITY OF WEST FLORIDA
PROPERTY TRANSFER FORM**

| | | | | | | | |
|---|----------|----------------------|-----------|---|-----------|------------|--|
| To: Property Section, Building 20E, Room 108 | | | | Date: | | | |
| From: | | | | Dept. Name & No. | | | |
| Please move and have department or authorized representative acknowledge receipt when move is completed, and return this document to the Property Section in the Controller's Office. | | | | | | | |
| Special Instructions: | | | | FROM | | TO | |
| | | | | Dept. Name | | Dept. Name | |
| | | | | Dept. No. | | Dept. No. | |
| UWF Tag# | Serial # | Property Description | Bldg. No. | Room No. | Bldg. No. | Room No. | |
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| Transferring Department: I hereby authorize the above transfer for the property listed on this form. | | | | Receiving Department: I hereby acknowledge and accept accountability for the property on this form. | | | |
| Signature, Accountable Officer/Project Director Date | | | | Signature, Accountable Officer/Project Director Date | | | |

DISTRIBUTION:

Return original and all copies to the Property Section, Building 20E, Room 108.
The Property Section will return the completed copies to:
(1) Transferring Department
(2) Receiving Department