

## UNIVERSITY OF WEST FLORIDA UWF PROPERTY TRANSFER FORM

Cost \$5,000 or More

To: Property Department, Controller's Office, Building 20E				Date:	Date:				
Transferring Department:				Recei	Receiving Department:				
Please move and have department or authorized representative acknowledge receipt when move is completed, and return this document									
to the Property Department in the Controller's Office.									
From:			To:						
Dept. Name:			Dept. Name:						
Orgn. #:			Orgn. #:						
UWF	Serial #	Property Descrip	otion		From Bldg. #	From Room #	To Bldg. #	To Room #	
Blue Tag #									
<b>Transferring Department:</b> I hereby authorize the above transfer for the property listed on this form.				Receiving D 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					