SLCC Department to Department
Transfer Form

Department Transferring From

Department: _____

Date: _____

Building & Room Number: _____

Contact Person: _____ Ext: _____

Org. Index Code: _____

Budget Manager & S#: _____

Budget Manager Signature: _____

Department Transferring To

Department: _____

Date: _____ Div.: _____

Building & Room Number: _____

Contact Person: _____ Ext: _____

Org. Index Code: _____

Budget Manager & S#: _____

Budget manager Signature: _____

Send to PropertyControl@slcc.edu. Ensure all power cords, cable, software, etc., are included with item(s).

Line	QTY	Item Description (make, model, brand, type)	Manufacturer Serial Number	Asset Number	Location to be Delivered	Delivered By (signed)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

☐ Check box if Federal Asset Item has been cleared with SLCC Federal Grants Office. Contact Natalie Grange @ (801) 957-4676