

PROPERTY

TRANSFER or TURN-IN

PICKUP

DELIVERY

Name: _____
 Org. Code/Rm. #: _____
 Phone Number: _____
 Property Location: _____

Name: _____
 Org. Code/Rm. #: _____
 Phone Number: _____
 Property Location: _____

Property Tag No.	Stock No.	Description of Articles	Serial No.	Qty.	Unit Price	Age and Condition

Justification/Remarks: _____ Replacement Item Requested: yes no

- Safes: I certify that the safe has been cleared, unlocked and the combination set to 50-25-50.
- Media: I certify that all electronic media and/or hard drives have been removed.

PICKUP ACCOUNTABLE PROPERTY REP

DELIVERY ACCOUNTABLE PROPERTY REP

Pickup Date: _____
 Signature: _____
 Print Name: _____

Received Date: _____
 Signature: _____
 Print Name: _____

APPROVED: _____
 PROPERTY ACCOUNTABLE OFFICER _____ DATE _____