

**TRANSFER FROM:**

Department: \_\_\_\_\_  
Department Contact: \_\_\_\_\_

Department ID: \_\_\_\_\_  
Email: \_\_\_\_\_

**TRANSFER TO:**

Department: \_\_\_\_\_  
Department Contact: \_\_\_\_\_

Department ID: \_\_\_\_\_  
Email: \_\_\_\_\_

TYPE OF TRANSACTION:  Transfer  Surplus  External Transfer/Sale  Trade-In  Return  Cannibalization **(Choose one.)**

- For "**Trade-In**" or "**Return**" attach receipt from vendor with a justification.
- For "**Surplus**" enter the pickup location in the "**New Bldg. and Room No.**" field.
- For "**Cannibalization**" attach the justification.
- When surplussing vehicles make the "**TRANSFER TO**" *Facilities Motor Pool*.

Tag Number	Asset Description	Serial ID	Original Value	New Bldg. and Room No.	New Custodian Name & Custodian ID	A*	B*	C*
Example	COMPUTER DELL OPTIPLEX 7010	8A5BC12	869.99	662-119	First Last 1000123456			

After completion, including "Transferring Department" and "Receiving Department" signatures, please make copy for departmental files and send to [Inventory@uta.edu](mailto:Inventory@uta.edu). TRANSFERRING DEPARTMENT: I understand that I am responsible for security of the data under my purview and confirm the data on the above assets have been securely erased.

Cost Center number for hard drive destruction \_\_\_\_\_

- \*A - Has hard drive been removed?
- \*B - Has data been erased?
- \*C - Did the asset originate as a gift?

I, \_\_\_\_\_, the PI for the above assets confirm that the transaction above is in compliance with project \_\_\_\_\_.

Print Name Project ID PI Initials

**TRANSFERRING DEPARTMENT**

**RECEIVING DEPARTMENT**

\_\_\_\_\_  
Chair/ Department Head (signature)

\_\_\_\_\_  
Chair/ Department Head (signature)

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Print Name Date:

**FOR INVENTORY SERVICES USE ONLY**

PROCESSED:

\_\_\_\_\_  
Inventory Services Representative

Initials: \_\_\_\_\_ Date: \_\_\_\_\_