



INVENTORY TRANSFER FORM AUTHORIZATION & CUSTODY RECORD

DATE: _____

Please check the action needed: INVENTORY TRANSFER
 EQUIPMENT TEMPORARILY REMOVED FROM CAMPUS

SWCC Inventory Tag No.: _____ Item Serial #: _____

Building: _____ Room#: _____ Item Description: _____

Caretaker's Name: _____ Department: _____ Phone Extension: _____

REQUESTER SIGNATURE: _____ DATE: _____

Complete this section for INVENTORY TRANSFER

The item listed above is being transferred for the following reason/s stated above. The signatures below indicate mutual consent to transfer. The Fixed Assets Inventory Record will be updated to reflect the change of location. Please check appropriate box below.

No longer has use in this area Other _____

TRANSFER ITEM TO:

Department: _____ Building: _____ Room #: _____

Department/Division Head: _____ Title: _____

Complete this section for AUTHORIZATION & CUSTODY RECORD – EQUIPMENT TEMPORARILY REMOVED FROM CAMPUS

Acknowledgement: I accept custody of the equipment listed above belonging to Southwest for official off-campus use. By signing this form, I acknowledge that I am assuming responsibility for such equipment. I agree to return the equipment to the College for maintenance procedures as requested/required. I also understand that the equipment is on "temporary" loan and must be returned to the College upon request of a Supervisor, Dean, Vice President or President.

Projected Return Date: _____ Signature of Temporary Custodian: _____

Contact Phone Number: _____ Alternate Number: _____

Supervisor's Approval: _____ Title: _____
Signature

RETURN RECORD: Date Returned: _____

Returned to: _____ Received by: _____

APPROVAL SIGNATURES

Supervisor Date VP – Academic & Student Services Date

Dean Date VP – Finance & Administrative Services Date

Distribution:

VPFA Office (original form) Physical Plant Supervisor Temporary Custodian (if applicable) Transferred "To" Dept. (if applicable)