

MISSOURI STATE UNIVERSITY Equipment Tracking/Transfer Form

Date: _____ Contact Person: _____ Ext: _____

Sending Dept: _____ Approved By: _____

Receiving Dept:* _____ Approved By: _____

FROM: BLDG/ROOM	TO: BLDG/ROOM	ITEM DESCRIPTION	TAG NUMBER

*Fill out only if equipment is to be transferred to another department.

The following information is required when transferring items with data drives to other departments:

All items on this sheet with data drives have been "zero'd out" using: _____

Technician Signature: _____