

UNIVERSITY OF MARYLAND, BALTIMORE
CAPITAL EQUIPMENT TRANSFER FORM

TAG# _____

USE TO "CHANGE" LOCATION WITHIN THE DEPARTMENT:

Description: _____

Department Code: _____

Current Location:

Building _____ Floor _____ Room _____

New Location:

Building _____ Floor _____ Room _____

Prepared by _____ Approved by _____ Date _____ Phone _____

USE TO TRANSFER EQUIPMENT ON CAMPUS:

Description: _____

Original Cost:

TRANSFER FROM: Department Code _____

TRANSFER TO: Department Code _____

Bldg _____ Floor/Room _____

Prepared by _____ Date _____ Approved by _____ Date _____

(Sending Administrator)

(Receiving Administrator)

Send Completed form to GENERAL ACCOUNTING, Saratoga Garage & Offices, RM 02-125 Baltimore, MD 21201