



Office Use Only

EQUIPMENT TRANSFER REQUEST

Email completed to LogisticalSupport@Lamar.edu. If unable to scan, send to PO Box 10004.

Date Requested: _____ Department: _____

Requested by: _____ Phone #: _____

If Facilities services are needed, please include instructions in the comment section below. If you are requesting a desk be moved, please indicate if it is L shaped.

Type of Transfer Requested (Choose One Option)
 Item Needed from Surplus Department to Department Transfer Relocate Furniture/Equipment in Same Department

Qty	Tag # or Serial #	Description	Current Department	Current Building & Room #	Deliver to this Department	Deliver to this Building & Room #	Cost <i>Office Use Only</i>

Comments: _____

Transferring Dept. Property Custodian Signature: _____ Date: _____

Receiving Dept. Property Custodian Signature: _____ Date: _____

OFFICE USE ONLY BELOW THIS LINE

SPA AFR Initials: _____ Date: _____ L DRIVE EMAIL DEPARTMENT Initials: _____ Date: _____

Property Manager Signature: _____ Date: _____

Required only if Property is Transferred