



**Lamar University • Logistical Support**  
 PO Box 10004 • (409) 880-8995 or (409) 880-1886  
[logisticalsupport@lamar.edu](mailto:logisticalsupport@lamar.edu)

Office Use Only

## EQUIPMENT TRANSFER REQUEST

Email the completed form to [LogisticalSupport@Lamar.edu](mailto: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**

Completed by \_\_\_\_\_ Initials: \_\_\_\_\_ Date \_\_\_\_\_

SPA    AFR   Initials: \_\_\_\_\_ Date: \_\_\_\_\_     L DRIVE    EMAIL DEPARTMENT   Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Property Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Required only if Property is Transferred*