MCSD Property Transfer or Removal Form

FROM CENTER:_____(Center Code) SENDER:_____(Name Printed)

TO CENTER:_____(Center Code) RECEIVER:_____(Name Printed)

TRANSPORTED BY:_____ DATE:_____

TYPE OF TRANSFER:

_____TEMPORARY TRANSFER Repairs_____ Other_____	_____PROPERTY TRANSFER _____DAMAGED _____DESTROYED ON SITE _____STOLEN**	_____REQUEST FOR REMOVAL BEYOND ECONOMICAL REPAIR_____ SURPLUS PROPERTY_____

BPI/SERIAL NUMBER	ITEM	DESCRIPTION	BUILDING/RM LOCATION AFTER TRANSFER	CONDITION G=GOOD F=FAIR P=POOR	COMMENTS

Initials of Receiver:_____ Initials of Sender:_____ Initials of Transporter:_____ Initials of Property Control:_____

Copies to Receiver and Sender, Original to Property Control Department

**Property reported stolen is required to have a signed and dated police report attached.