

TRANSFER OF PROPERTY BETWEEN LOCATIONS AND/OR CHARTFIELDS

Original forms only. Use a blue ink pen for all signatures. For complete directions on filling out this form please refer to the online COMPASS business processes. Attach any and all required certificates or documentation. Incorrect and/or incomplete forms will be returned to the contact person(s) unprocessed for corrections and/or clarification. Contact Asset Management Services if you have any questions.

PLEASE PRINT LEGIBLY.

"From" Contact Person					"To" Contact Person					
Name					Name		- 10	Oontact 1 c1301	•	
Phone				1	Phone					
Mail				1	Mail					
Email				1	Email					
Dept Name				1	Dept Na	me				
			Chartfic	<u> </u>	Combination					
Jse a different fo	rm for each	chartfield cha	nge. If this is a loc				k here	and fill out just t	he "From" chartfield.	
Transfer	Op Unit	Op Fund Dept ID		Product Initiative				Project		
From										
То									_	
USF TAG#	SF TAG# DESCRIPTION			SERIAL ID				FROM BLDG/ROOM	TO BLDG/ROOM	
			tation and below signatur				OT BE TRAI	NSFERRED TO A GRANT-		
			FROM ACC	OUN	TABLE OFF	ICER				
Accountable Office	cer Name (Type or Print)				-				
Accountable Office										
FROM" ACCOUNTABLE OFFICER'S SIGNATURE After signing forward to TO ACCOUNTABLE OFFICER Accountable Officer Name (Type or Print)									DATE	
Accountable Office										
TO" ACCOUNTAR										

After the form is completed and all signatures are added, send it to Property for processing.