

**PHARMACEUTICAL AND BIOMEDICAL SCIENCES
INVENTORY - EQUIPMENT TRANSFERS**

DATE:

FROM:
 Department Name Dept #

TO: MARY EUBANKS - PBS INVENTORY

TO:
 Department Name Dept #

DECAL #	DESCRIPTION	FROM		TO	
		Room	Building #	Room	Building #

SIGNED: _____ **DATE:** _____
 Transferring - Department Head Person transferring equipment

SIGNED: _____ **DATE:** _____
 Receiving - Department Head Person receiving equipment

INSTRUCTIONS: The transferring department completes and signs form and provides the original to Mary Eubanks. When the receiving department has accepted the equipment, the receiving department will sign the transfer form.