EASTERN MICHIGAN UNIVERSITY

EQUIPMENT TRANSFER

MOVE FROM: Building_____ Department_____
Room_____ Date of Move_____

MOVE TO: Building_____ Department_____
Room_____

Reason for Transfer_____

Approved by Dept. Head or Dean_____ Phone_____ Date_____

Approved by Property Control_____ Date_____

TAG NUMBER	QUANTITY	DESCRIPTION OF PROPERTY

Transferred by_____ Date_____
(PHYSICAL PLANT DEPARTMENT)

Above Property Received_____ Date_____

Form P-606 1-85