INTERDEPARTMENTAL TRANSFER FORM

*Fixed assets purchased with Federal or Federal Pass-Through Funding may NOT be transferred without prior, documented approval from Sponsored Programs.

DEPARTMENT TRANSFERRING ITEM

DEPT. NAME:	
CONTACT:	
PHONE #:	
UNL TAG NUMBER:	
Transferring Dept. Cost Object:	_
DEPTARTMENT CHAIR SIGNATURE:	Date:
DEPARTMENT <u>RECEIVING</u> TRANSFER	
DEPT. NAME:	
CONTACT:	
PHONE #:	
EQUIPMENT'S NEW BUILDING & ROOM #:	
Receiving Dept. Cost Object:	_
DEPARTMENT CHAIR SIGNATURE:	Date:
ITEMS TRANSFERRED: (If a price is included, please provi	ide Cost Objects for both depts.)
QUANTITY/DESCRIPTION	SALE/TRANSFER
	PRICE

*Once complete please email to unl_inventory@unl.edu or send to Inventory Department, 3630 East Campus Loop W1, Lincoln NE 68588-0824