

**UNIVERSITY OF MARYLAND, BALTIMORE
CAPITAL ASSETS CHANGE FOR
TRANSFER FORM (INTRA-CAMPUS)**

TAG # _____

(Either)

USE TO "CHANGE" OR LOCATION WITHIN DEPARTMENT:

Department Code _____

Description 1 _____
change
or 2 _____
add
(circle one) 3 _____

Manufacturer _____ Model # _____ Property Code _____

Manu. Serial # _____ Bldg. _____ Floor/Room _____

Prepared by _____ Approved by _____ Date _____ Phone _____

(OR) _____

TO TRANSFER EQUIPMENT WITHIN CAMPUS

Brief description _____ Original cost _____ , _____ . 00

TRANSFER FROM: Department Code _____

TRANSFER TO: Department Code _____ Bldg. _____ Floor/Room _____

(MUST BE ON SPACE INVENTORY)

Prepared by _____ Date _____ Approved by _____ Date _____

(Sending Administrator)

(Receiving Administrator)

INSTRUCTIONS

1. Enter only date which requires changes. (TAG # IS ALWAYS REQUIRED.)
2. Mail Completed form to PROP. ACCOUNTANT, Saratoga Garage & Offices, RM 02-131, Baltimore, MD 21201
3. Only one signature required on interdivision transfer.

Input Appr. _____

Date: _____