

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: _____

DEPARTMENT CHAIR SIGNATURE: _____ Date: _____

DEPARTMENT RECEIVING 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 provide Cost Objects for both depts.)

QUANTITY/DESCRIPTION	UNIT PRICE	TOTAL PRICE

***Once complete please send original to: Inventory Department, 1700 Y Street, Lincoln NE 68588-0606**