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.)

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<tr>
<th>QUANTITY/DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>TOTAL PRICE</th>
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*Once complete please email to unl_inventory@unl.edu or send to Inventory Department, 1700 Y Street, Lincoln NE 68588-0606

11/7/2018