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>SALE/TRANSFER PRICE</th>
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*Once complete please email to unl_inventory@unl.edu or send to the Inventory Department, 942 N 22nd Street, Lincoln, NE 68588-0835

4/23/2021