

SAVANNAH STATE UNIVERSITY INTERNAL PROPERTY TRANSFER FORM

TO: PROPERTY CONTE	ROL OFFICER			
DATE:				
FROM (NAME): EMAIL ADDRESS: DEPARTMENT:		EMAIL ADDRESS:		
		SECTION I		
t is requested that the following items of property, cur		rrently assigned to, be transfe		as indicated below.
TEMS DESCRIPTION	SSU ID NUMBER	SERIAL NUMBER	FROM(BLDG/RM)	TO(BLDG/RM)
	•	RE SPACE IS NEEDED, ATTACH A	•	•
	Date:		Date:	
pproved by:	Date:		Date:	
(Budget Unit Head)		Fiscal Affairs:	Date:	
		SECTION II		
his is to notify that the	above described property ha	as been relocated as indicated at	oove:	
Moved by:	Date:	Received by:	Date:	

Instructions: When transferring equipment from one location to another and/or from one department to another, the following steps MUST be taken to ensure proper management and record keeping of physical resources and equipment utilized by the University:

1. Complete this form in its entirety; 2. Contact Property Control at extension 2249 or by email using the SSU Directory. Property Control will provide coordinate the transfer of said item(s); 3. Give this form to Property Control for their records; 4. Property Control will provide a copy of this transfer form to the Office of Fiscal Affairs