

**CENTRAL ARIZONA COLLEGE
EQUIPMENT TRANSFER FORM**

To: Office of Purchasing

DESCRIPTION OF EQUIPMENT	PCCCD TAG#	MODEL # SERIAL #	FROM:		TO:	
			Campus	Bldg Room#	Campus	Bldg Room#

PURPOSE OF TRANSFER: _____

If transferred to a different department, requires authorized signature of receiving department

Equipment Released by: (Releasing Department Name)	Equipment Accepted by: (Receiving Department Name)
Equipment Released by: (Division Chair, Director, Dean Name)	Equipment Accepted by: (Division Chair, Director, Dean Name)
Title: (Division Chair, Director, Dean)	Title: (Division Chair, Director, Dean)
Signature _____ Date _____	Signature _____ Date _____

Approved Director of Purchasing

Processed Date: