St. Johns River State College
Property Transfer Form

Name of person preparing form: ______________________________________________________ Date Submitted: ______________________

Name, Phone Number or Email

Purpose (Please check one):

☐ Transfer from one location to another location; Functional Property Custodian remains the same
☐ Transfer from one Functional Property Custodian to another Functional Property Custodian

(For the second option, both the Current and Receiving Functional Property Custodian must sign below)

Property Information:

<table>
<thead>
<tr>
<th>SJRSC Property Tag #</th>
<th>Serial Number</th>
<th>Description</th>
<th>Present Location (C/B/R)*</th>
<th>Future Location (C/B/R)*</th>
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* SJRSC Location: Campus/Building/Room

Comments: __________________________________________________________________________

_________________________________________________________________________________

Current Functional Property Custodian: Receiving Functional Property Custodian:

Name: _______________________________ Date: ______________ Name: _______________________________ Date: ______________

Signature: __________________________ Signature: __________________________

Department Property Custodian:

Name: _______________________________ Date: ______________ Name: _______________________________ Date: ______________

Signature: __________________________ Signature: __________________________

Note: Please forward the completed form to the Property Officer so the SJRSC Property Inventory database may be properly updated.

Attachment (2)