INTEROFFICE TRANSFER FORM

Owning Office:	
Street Address:	
City/Zip Code:	
Telephone Number:	

Tag Number	Item Description	Serial Number	Acquisition Cost	Losing Location Code	Receiving Location Code

Owning OFS Property Control Manager's Signature

Receiving OFS Property Control Manager's Signature

If Receiving Location is not an OFS office complete the following:

Receiving Department/Agency/Office:

Street Address:

City/Zip Code:

Telephone Number: _____

Agency Property Number:

Date

Date