

CAPITAL PROPERTY TRANSFER FORM

Description of Property:

IMSA Bar Code Tag Number: _____

Transferred From:

Room Number
Or Other Facility Location: _____

Department Name: _____

Transferred To:

Room Number
Or Other Facility Location: _____

Department Name: _____

Authorized Signature

Date

Return for to Property Control Office – Tom Weindorf – Ext. 5948 – weindorf@imsa.edu

FOR OFFICE USE ONLY

Authorized Signature

Date Of Transfer