## ILLINOIS MATHEMATICS AND SCIENCE ACADEMY

A Pioneering Educational Community

## CAPITAL PROPERTY TRANSFER FORM

Authorized Signature			Date Of Transfer	
	FOR OFFIC	CE USE ONLY		
Reti	urn for to Property Control Office – To	om Weindorf – Ext. 5948 – wein	dorf@imsa.edu	
Authorized Signature			Date	_
	Department Name:			
	Room Number Or Other Facility Location:	-		
Transferred To:				
	Department Name:			
	Or Other Facility Location:			
Transferred From:	Room Number			
IMSA Bar Code Ta	ng Number:			
Description of Frequency	orty.			
Description of Prop	perty:			