

## Controlled Property Transfer Form

### REQUEST FOR TRANSFER OF BROWARD COLLEGE PROPERTY

Initiating Property Custodian: (Print)	Signature:	Date:
Cost Center Name: (Print)	Cost Center Number:	
Receiving Property Custodian: (Print)	Signature:	Date:
Cost Center Name: (Print)	Cost Center Number:	

**Please note that property will not be transferred without all proper signatures and cost center information provided on this form.**

Item No.	Description	Asset No.	Serial No.	FROM			TO		
				Campus	Bldg.	Room	Campus	Bldg.	Room
Ex.	CAMERA	00123456	123456789	NORTH	46	100	WHC	31	400
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Transfer Agent (Facilities Personnel, if applicable): (Print)	Signature:	Date:

**Receiving Department Head :**

By signing this I acknowledge that I have received the property, and only the property, indicated on this transfer form. I understand that by accepting this transfer of property, all property received will now become a part of my inventory in which I will become responsible for safeguarding and properly handling. If I no longer wish to keep this property, and would like it removed from my inventory, I understand I will need to follow the proper procedures for the disposal of assets per BC policy 6Hx2-7.04.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please forward signed document to Amanda Williams, Fixed Asset Accountant @ WHC, Bldg. 31(awillia1@broward.edu).*

Fixed Asset Accountant: (Print)	Signature:
Date of Transfer (DHS):	Audit Number: