ASSET TRANSFER FORM

University of Southern Mississippi

Gulf Coast Research Laboratory

PROPERTY ACCOUNTING

INVENTORY NO.	SERIAL NO.	DESCRIPTION	ORIGINAL PRICE	CONDITION

TRANSFERRED FROM PROPERTY LOCATION #:_____

BUILDING NAME:_____ ROOM NUMBER:_____

TRANSFERRED BY:_____/_____

PRINTED NAME SIGNATURE DATE

TRANSFERRED TO PROPERTY LOCATION #:_____

BUILDING NAME:_____ ROOM NUMBER: _____

RECEIVED AT NEW LOCATION BY_____/_____

PRINTED NAME SIGNATURE DATE