UNIVERSITY of
NORTHERN COLORADO

# CAPITAL EQUIPMENT TRANSFER FORM
## (EQUIPMENT VALUE $5,000 OR MORE)

| Name of Organization Requesting Move | Organization # | Date |
|---|---|---|

Authorized Signature for Org

| Property Tag # and Description and Serial # | Move From Building and Room | Move To Building and Room |
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| Signature of Person Accepting Equipment | Accepting Location Organization # | Date |
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RETURN FORM TO PROPERTY CONTROL, GAO, CAMPUS BOX 44, PHONE 1-1830