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| C:\Users\wlewis\Pictures\UA-color-left-med.png | | | | | | | | **COOPERATIVE EXTENSION SERVICE**  **Property Disposal Form** | | | | | | | | | | | | | | | | MISC-374D  Rev. 12-18-2024 | | | | | | | |
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| **Transfer**  **Department:** | |  | | | | | | | **Cost**  **Center** | | | |  | | **Receiving**  **Department:** | | | | **Facilities Management** | | | | | | **Cost**  **Center** | | | | | **CC012960** | |
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| **Name of Contact Person – Transfer Department:** | | | |  | | | | | | |  | | | | | **Contact Person Phone:** | | | | |  |  | | | | |  | | | | |
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| **Date:** |  | |  | | |  | | | | | |  | | | | **Contact Person Email:** | | | | |  | | | | | |  | | | | |
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| **Signature of Department Head/Staff Chair - Transfer Department** | | | | | | | | | | | | | | | |  | | | | | | | | | |  | |  | | | |
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| **This signature must be obtained before Facilities Management can accept equipment.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **\*\*(DEPARTMENTAL SIGNATURES ARE REQUIRED ON ALL TRANSFERS)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Description of Equipment** | | | | | **Asset or CES Tag #** | | **Serial #** | | | | | | |  | | |  | | | | | |  | | | | | | | |  |
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|  | | | | |  | |  | | | | | | |  | | | Signature of Person Transporting Equipment | | | | | | | | | | | | Date | | |
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|  | | | | |  | |  | | | | | | |  | | | Signature of Facilities Management Personnel | | | | | | | | | | | | Date | | |
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|  | | | | |  | |  | | | | | | |  | | | Signature of Finance Office Personnel | | | | | | | | | | | | Date | | |
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| **\*\* SEND COMPLETED TRANSFER FORM TO PROPERTY ACCOUNTING (**[**property@uada.edu**](mailto:property@uada.edu)**) \*\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |