



# St. Johns River Community College

## Property Transfer Form

Name of person preparing form: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

*Name, Phone Number or Email*

**Purpose (Please check one):**

Transfer from one location to another location; Functional Property Custodian remains the same

Transfer from one Functional Property Custodian to another Functional Property Custodian

*(For the second option, both the Current and Receiving Functional Property Custodian must sign below)*

**Property Information:**

SJRCC Property Tag #	Serial Number	Description	Present Location (C/B/R)*	Future Location (C/B/R)*

\* SJRCC Location: Campus/Building/Room

Comments: \_\_\_\_\_

Current Functional Property Custodian:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Department Property Custodian:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Receiving Functional Property Custodian:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Department Property Custodian:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Note:** Please forward the completed form to the Property Officer so the SJRCC Property Inventory database may be properly updated.

**Attachment (2)**