

## Hebrew Rehabilitation Center Equipment Transfer Form

*This form indicates transfers of equipment between departments or to other institutions. Information should be used to update location records in inventory. Form should be validated with authorized signature.*

### Current Equipment Information:

1. Equipment requested to be transferred:
2. Tag No.
3. Description
4. Titled to:
5. Acquisition Cost
6. Acquisition Date
  - a. Current location:
  - b. Bldg.
  - c. Room
7. Intended new location:
  - a. Person responsible for equipment
  - b. Institution name and address if not HRC
  - c. Bldg.
  - d. Room
  - e. Street, City, State, Zip Code

### 2. Approval of equipment transfer

Authorized signature \_\_\_\_\_

Name:

Date

### 3. Confirmation the equipment has been formally transferred:

Authorized signature \_\_\_\_\_

Name: Kathryn Tasker

Date