School of Pharmacy Equipment Site Transfer Form

**Note:** Anytime any property of the School of Pharmacy (including student computers) is relocated from one site to another the person responsible for that equipment and its transfer must fill out this form and forward it electronically to the Space and Equipment chairperson.

**Name of person responsible for this equipment:**

**Current location:**

**Description of equipment:**

**Name of the Equipment:**

**Model number:**

**Serial Number:**

**Manufacturer:**

**UWYO Property Tag #:**

**Components (of the equipment that is being transferred):**

**Site of relocation:**

**Date Equipment Transferred:**

**Transferred for ____ Permanent or ____ temporary use at the new site (if temporary, how long?)**

**Name of new person responsible for this equipment:**