

**UNIVERSITY OF WEST FLORIDA  
PROPERTY TRANSFER FORM**

<b>To: Property, Controller's Office, Building 20E</b>				<b>Date:</b>			
<b>From:</b>				<b>Dept. Name &amp; Number:</b>			
<p><b>Please move and have department or authorized representative acknowledge receipt when move is completed, and return this document to the Property Section in the Controller's Office.</b></p>							
<b>Special Instructions:</b>				<b>From:</b>		<b>To:</b>	
				Dept. Name:		Dept. Name:	
				Orgn. #:		Orgn. #:	
<b>UWF Tag #</b>	<b>Serial #</b>	<b>Property Description</b>	<b>Bldg. #</b>	<b>Room #</b>	<b>Bldg. #</b>	<b>Room #</b>	
<b>Transferring Department:</b> I hereby authorize the above transfer for the property listed on this form.				<b>Receiving Department:</b> I hereby acknowledge and accept accountability for the property on this form.			
<b>Signature, Accountable Officer/Project Director</b>				<b>Date</b>		<b>Signature, Accountable Officer/Project Director</b>	
						<b>Date</b>	