



WRB-001 AUTHORIZATION REQUEST TO MOVE OR TRANSFER FURNITURE AND EQUIPMENT
 (Email completed form to propertymanagement@tsu.edu or your regular property management contact person)

Request Date: _____ Sender's Name (Printed): _____ Signature: _____

Sender's Department Name: _____ Banner Organization#: _____ Ext. #: _____

Sender's Dept. Property Custodian Name: _____ Email Address: _____

Sender's Dept. Head Name: _____ Title: _____ Email Address: _____

Is any of the furniture or equipment presently located in a research or teaching lab or any other potentially hazardous area: Yes _____ No _____

Does any of the equipment presently or has it ever contained any potentially hazardous materials or substances: Yes _____ No _____

Reason for transfer: _____

Receiver's Department Name: _____ Banner Organization#: _____ Ext. #: _____

Receiver's Dept. Property Custodian Name: _____ Email Address: _____

Receiver's Dept. Head Name: _____ Title: _____ Email Address: _____

NOTE: The Central Warehouse does not have storage areas.
All items received at the warehouse are processed immediately for reuse in other departments or disposed through public auction.

Please complete all columns below for each item being transferred:

TSU Tag#	Item Serial#	Property Description	Move From (Bldg/Rm)	Move To (Bldg/Rm)	Item Condition:			
					Good	Broken	Obsolete	Cannibalized

Property Management Use Only:

Date Request Received: _____ Processed by: _____ Date Transfer Authorized: _____

Transfer W/O#: _____ OIT W/O#: _____ Date: _____ Safety W/O#: _____ Date: _____

Tiger Labor Initials: _____ Tiger Labor Signature: _____ Date Property Received at Warehouse (if Applicable): _____