

UTD INTERDEPARTMENTAL TRANSFER/RELEASE OF EQUIPMENT

EXHIBIT E26

Date _____

TO: Property Administration

FM: Relinquishing Department:

| |
|-----------------------------|
| Name of Department |
| Account Number |
| Signature - Department Head |

Receiving Department:

| |
|-----------------------------|
| Name of Department |
| Account Number |
| Signature - Department Head |

The Relinquishing Department should initiate this transfer/release form. When transferring property from one department to another, the Relinquishing Department should forward this form to the Receiving Department for completion before forwarding to Property Administration (SB14).

To facilitate the moving of property from one department to another, or to Property Administration as Surplus/Salvage, the following steps should be performed:

- 1) Complete the Relinquishing Department section of this form;
- 2) Check the appropriate transaction section below;
- 3) Describe the property using description listed on inventory, or if not on inventory, describe thoroughly using model and serial numbers where available;
- 4) Fill out a Physical Plant Work Request and submit to the Physical Plant Job Coordinator (PP11, EXT.2177) to coordinate the moving of all property addressed within this transfer/release request.

Please check (X) the appropriate transaction below:

_____ I request that the property described below be TRANSFERRED to the above referenced Receiving Department.

_____ I request that the property described below be RELEASED to Property Administration as surplus/salvage property.

| <u>PROPERTY #</u> | <u>DESCRIPTION</u> | <u>SERIAL #</u> | <u>OLD LOC.</u> | <u>NEW LOC.</u> |
|-------------------|--------------------|-----------------|-----------------|-----------------|
| 1) _____ | _____ | _____ | _____ | _____ |
| 2) _____ | _____ | _____ | _____ | _____ |
| 3) _____ | _____ | _____ | _____ | _____ |
| 4) _____ | _____ | _____ | _____ | _____ |

(If necessary, continue this list on an additional sheet.)

P.ADM. DEPARTMENT USE ONLY

Approved: _____ D/E _____ Date _____