# INVENTORY TRANSFER REQUEST

**Please do not leave anything blank, use N/A if necessary.**

Please fax/email or send a copy to Purchasing c/o Stephanie Keeton; fax 6976 or stephanie.keeton@mctx.org

Date of Request:_____ Inventory Tag #:_____ Serial:_____

Description:_____ Brand:_____ Model:_____

This item: ☐ is broken ☐ is for the on-line auction ☐ is transferring

☐ Is in good-working condition and can be utilized by another department

Was this item purchased with grant funds? ◯ YES ◯ NO If yes, & if funded by Homeland Security Grant, please have this form signed by Nicky Kelly before submitting to purchasing._____

*Nicky Kelly*

**********Computer Related Equipment**********

*MUST BE INSPECTED AND SIGNED BY I.T. BEFORE IT CAN BE SENT TO PURCHASING*

**THE SECTION IS FOR I.T.'S USE ONLY**

☐ This item is no longer useful to the county and shall be considered E-scrap.

☐ I.T. can use this equipment for parts, it will be taken back to I.T. Dept but should be considered salvage

☐ This item may still be useable by another department, place it as surplus

This item has been cleaned or the hard drive removed ◯ YES ◯ N/A

Does Building Maintenance need to pick up this item for E-scrap? ◯ YES ◯ NO

_____ Inspected by

_____ Date

_____ Printed Name

***Building Maintenance has a strict moving/salvaging/pick-up schedule. It is the 1st and the 3rd Friday of each month.***

***Does Maintenance need to pick-up/move this item for you?*** ◯ ***YES*** ◯ ***NO***

***If yes, who is the contact person for Building Maintenance when they arrive?***_____

*Printed First and Last Name / Full phone #, not just extension*

TRANSFERING FROM:_____ _____

*Department #* *Name of Department*

The above mentioned item is currently on my inventory and needs to be transferred.

_____

*Authorized Signature*

TRANSFERING TO:_____ _____

*Department #* *Name of Department*

I understand the above mentioned item will be transferred to my department and added to my inventory.

_____

*Authorized Signature*

**********Purchasing Use Only**********

Date received by purchasing:_____ Purchasing Employee:_____ Grant funded? ◯ YES ◯ NO

☐ NIS ☐ Item was already Retired ☐ Salvage ☐ E-scrap ☐ Transfer ☐ Auction (Date Sold:_____)

Date sent to:_____ ☐ Auditing ☐ Building Maintenance

REVISED 05/28/2013