

ALAMO COLLEGES PROPERTY TRANSFER FORM (PTF)

CHECK BOX THAT APPLIES:

- DEPARTMENTAL TRANSFER SURPLUS PROPERTY
 LOCATION CHANGE ONLY

SHADED AREAS FOR INVENTORY CONTROL USE ONLY!

ID #	CK	TAG #	DESCRIPTION	SERIAL #	C#	ACQ. COST

Please provide email address for acknowledgment of your request: _____@alamo.edu

C # = Condition Number: 1 = Useable 2 = Unusable 3 = Unknown

College Department Name Banner FOAP Phone No. Bldg. Rm.

From: _____

Releasing Property Steward: _____ Signature: _____ Date: _____
 (Print Name)

Approved for Surplus Disposal: _____ Received by: _____ Date _____
 (Vice President College Services or Vice Chancellor) (Surplus Sale Contractor)

College Department Name Banner FOAP Phone No. Bldg. Rm.

To: _____

Receiving Property Steward: _____ Signature: _____ Date: _____
 (Print Name)

INVENTORY CONTROL USE ONLY

LOGGED IN: _____ LOGGED OUT: _____ ENTERED: _____
 DATE INITIALS DATE INITIALS DATE INITIALS