

REQUEST FOR PROPERTY TRANSFER

PLEASE PRINT OR TYPE. COMPLETE ALL ITEMS. -- SEND FIRST 3 COPIES TO PROPERTY ACCOUNTABILITY DEPT., FCRDC.

USE THIS FORM TO: 1) Transfer property between programs 2) Transfer property to and from FCRDC

ASSISTANCE NEEDED	<input type="checkbox"/> - Relocate this item. <input type="checkbox"/> - No relocation needed, has already been moved.
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TRANSFERRED FROM			TRANSFERRED TO		
ICD OR CONTRACTOR	CONTACT FOR INFORMATION	EXTENSION	ICD OR CONTRACTOR	CONTACT FOR INFORMATION	EXTENSION
PICK UP FROM (BUILDING & ROOM)		CENTER OR CUSTODIAL NUMBER	DELIVER TO (BUILDING & ROOM)		CENTER OR CUSTODIAL NUMBER
<i>I hereby certify that the property listed below is free from all hazards, including biological, chemical and radioactive contamination.</i> SIGNATURE OF PROPERTY SUB-CUSTODIAN _____			<i>Receipt is acknowledged except as noted.</i> SIGNATURE OF PROPERTY SUB-CUSTODIAN _____ <i>Consignor is hereby relieved from accountability for listed property.</i>		
APPROVAL SIGNATURE OF LAB OR BRANCH CHIEF		DATE	APPROVAL SIGNATURE OF LAB OR BRANCH CHIEF		DATE
ICD PROPERTY REPRESENTATIVE		DATE	ICD PROPERTY REPRESENTATIVE		DATE

NO.	DESCRIPTION: (include mfr., model, type, dimensions, etc.)	QUAN.	MFR. SERIAL NO.	DECAL NUMBER	CONDITION CODE (see below)	ACQUISITION COST
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
					TOTAL \$	

CONDITION CODE							
N1	New	5	Used-Fair	7	Repairs Required (Minor)	9	Repairs Required (Major)
4	Used-Good	6	Used-Poor	8	Repairs Required (Moderate)	X	Salvage (only parts useful)
						S	Scrap (Not useful at all)

PROCESSED BY PROPERTY ACCOUNTABILITY (FCRDC)	▶	NAME OF EMPLOYEE	DATE
PROCESSED BY PROPERTY UTILIZATION (NIH)	▶	NAME OF EMPLOYEE	DATE