



VICTOR VALLEY COLLEGE
REQUEST FOR TRANSFER OF EQUIPMENT
RESTRICTED FUNDS

DATE: _____

REQUESTOR (Include contact information): _____

REQUESTED DATE OF MOVE: _____

QUANTITY OF ITEMS: _____

DESCRIPTION:

ASSET TAG NUMBERS:

LOCATION OF ITEMS (Include Building and Room #):

REQUESTED LOCATION FOR ITEMS TO BE MOVED (Include Building and Room #):

REQUESTOR: _____

(Printed Name)

(Signature)

MOVE AUTHORIZED BY: _____

(Program Manager)

(Printed Name)

(Signature)

MOVE COMPLETED BY: _____

(Printed Name)

(Signature)

NOTES:

CC: IT/Fiscal/Program Manager/M & O/IMS

Program Manager is the grant responsible person or the Director of the department.