

Inventory Transfer/Disposition Form

Transfer Disposed of

Date_____

Control #

Item Description

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Current Location of Item_____

Transferring to_____

Method of Disposal_____

Signature

Please return this form to the UMCHS main office, fiscal department.

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