

SURPLUS PROPERTY INTERNAL TRANSFER AUTHORIZATION

DATE: _____

NAME OF PURCHASER: _____

NAME OF DEPARTMENT: _____

Purchased Items:

We will only HOLD items for one week.

SO #	DESCRIPTION	LOCATION	VT ASSET #	COST
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Items with VT Inventory # - Information (For Controller's Office Use Only)

This information must be recorded for all inventoried items.

NAME:
BUILDING/ROOM:

Charge the transfer expense to the following codes:

Dept #	Fund #	Object Code	
x ORG _____	x FUND _____	ACCT # _____	AMOUNT _____
ORG _____	FUND _____	ACCT # _____	AMOUNT _____
ORG _____	FUND _____	ACCT # _____	AMOUNT _____

x PRINT NAME : _____

x SIGNED : _____

Department Head / Authorized Signature (This MUST be an authorized signature)

SURPLUS PROPERTY MANAGEMENT - FOR INTERNAL USE ONLY CREDIT FUNDS TO: 554618-047010-12990	TOTAL AMOUNT: \$ _____
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 Ron Barrett