

University of Arkansas at Monticello

Request for Transfer of Equipment

SECTION I Equipment Being Transferred

UAM No. _____

Description _____
___ Serviceable ___ Non-serviceable

Is Maintenance Assistance Needed to Move Item? ___ Yes ___ No

Date of Request _____ Requested By _____

Remarks _____

Software Deletion: If a computer is being transferred to M&R, complete the following:

Method of Software Deletion: _____

Deletion Completed by: _____ Date _____

Individual

I certify that all software has been deleted. _____ Date _____

Unit/Department Head

SECTION II Transferred From

Department Name _____

Building _____ Room No. _____

Unit/Dept. Head Signature _____ Date _____

Vice Chancellor Signature _____ Date _____

SECTION III Transferred To

Department Name _____

Building _____ Room No. _____

Unit/Dept. Head Signature _____ Date _____

Vice Chancellor Signature _____ Date _____

SECTION IV

A. Computer Services Approval (if computer equipment) _____

Computer Services Representative

B. Equipment Control Approval _____

Finance & Admin. Representative

C. Work Order for Transfer (to be completed by Maintenance)

Work assigned to and completed by: _____ Date _____

D. Equipment Control

No Entry Required ___ Date of Input _____ Signed _____

Finance & Admin. Representative