

COASTAL PROTECTION AND RESTORATION AUTHORITY TRANSFER FORM

THIS IS AN OFFICIAL RECORD OF THE FOLLOWING EQUIPMENT TRANSFER:

FROM: _____
Name
Floor and Room/Cube #

TO: _____
Name
Floor and Room/Cube #

DESCRIPTION	STATE TAG NO.	*LOCATION CODE
		1070-Baton Rouge

NOTES* _____

I UNDERSTAND THAT I WILL BE HELD RESPONSIBLE FOR THE ITEMS LISTED ON THIS FORM, AND THAT MY SIGNATURE CONSTITUTES MY AGREEMENT.

 Printed Name of Employee Responsible

 Signature, Employee Responsible

 Date

 Signature, Property Liaison

 Date

REVIEWED AND RECORDED FOR PROPERTY INVENTORY:

 PROPERTY CONTROL MANAGER

 Date

Note: THIS FORM MUST BE SIGNED BY BOTH THE EMPLOYEE RESPONSIBLE AND THE PROPERTY LIASION PRIOR TO SUBMITTING TO THE PROPERTY CONTROL MANAGER FOR REVIEW AND RECORDING PURPOSES. A COPY OF THIS FORM MAY BE RETAINED BY EMPLOYEE, IF PREFERRED, PRIOR TO SUBMISSION TO THE PROPERTY CONTROL MANAGER.

*THIS SECTION MUST BE COMPLETED INDICATING LOCATION WHERE EQUIPMENT WILL BE RELOCATED.