GS-104

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

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 RESPOBSIBLE 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.