



Date

WORKFORCE BOARD
Notification of Inventory Transfer Form

To be completed by manager requesting transfer:

Contact Information			
Contractor's Name		Preparer's Name	
Contractor's Address		Preparer's Title	
City	State	Zip Code	Contact's Telephone Number
Transfer Information			
Equipment Description:		Moving from (Site location Address)	Moving to (Site Location Address)
Serial No.:	Address:	Address:	
Asset Tag #	City:	City:	
AssetTiger Updated (yes/no):	State:	State:	
	Zip Code:	Zip Code:	
Signature of career management releasing equipment			
_____			Date
Authorized Representative/Title			
Signature of career center management receiving equipment:			
_____			Date
Authorized Representative/Title			

(forward copy of fully completed form to Workforce Property Control Officer)