

General Instructions

This form prepared by	Name, phone number of person completing form - for contact purposes.
Phone	Phone number of person completing the form.
Date	Date of form completion.
Agency	Agency associated with department.
Dept Code	Code assigned to department.
Dept	Name of department associated with equipment.
Dept Head	Unit head of department.
Inv. No.	Asset number assigned on department inventory report.
Description	Description of item as it appears on department inventory report.
Serial No.	Serial number of item matched with department inventory report.
Cost	Cost of item as it appears on the department inventory report.
Department Transferring Equipment	Enter Agency, Dept Code, Department Name, and Unit Head name related to the department transferring the equipment.
Department Receiving Equipment	Enter Agency, Dept Code, Department Name, and Unit Head name related to the department receiving the equipment.
Unit Head Signature	Self explanatory.
Complete and forward to:	Receiving & Property Control (RPC) P.O. Box 6177 Mississippi State, MS 39762 Mail Stop 9605 Phone: (662) 325-2545 Fax: (662) 325-4551