



University of Connecticut
Health Center

MATERIALS MANAGEMENT
MATERIALS MANAGEMENT - INVENTORY CONTROL
Record of Property Transferred from Other Organizations - IC-4

Mail, Fax or PDF the entire package to: MC 2010 Fax: 679-4240		REFERENCE # PT	
DEPARTMENT:			
NAME:		TITLE:	
BUILDING:	FLOOR:	ROOM #:	TELEPHONE: FAX:
MAIL CODE:		EMAIL:	
ACQUIRED FROM:	CONTACT:	TELEPHONE:	
INSTITUTION/COMPANY:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
COMPLETE THE FOLLOWING INFORMATION FOR TRANSFER:			
DESCRIPTION:			
MAKE:		MODEL:	
SERIAL NUMBER:		COLOR:	
SIZE:		QUANTITY:	
OTHER PERTINENT INFORMATION:			
DATE ACQUIRED:		PERMANENT LOCATION:	
ORIGINAL ACQUISITION COST:	ORIGINAL ACQUISITION DATE:	ESTIMATED LIFE:	
CONDITION OF TRANSFER: (If Any)			
Signatures:	Date	Signatures:	Date
_____	_____	_____	_____
1. DEPARTMENT HEAD		4. MM INVENTORY CONTROL	
_____	_____	_____	_____
2. DEAN (If Applies)		5. UNIVERSITY DIRECTOR OF MATERIALS MANAGEMENT	
_____	_____	IF YOU NEED ASSISTANCE COMPLETING THIS FORM, PLEASE CALL 679-1952	
3. HOSPITAL DIRECTOR (If Applies)			
FURTHER INSTRUCTIONS			
1. Include a copy of any relevant documents.			
2. Item(s) become Institutional property and will not be available for transfer outside UCHC.			