





**Transfer of Inventory Form**  
 (Items being transferred from one Department or Division to another.)

**Completed Form Must Be Forwarded To The Inventory Clerk  
 No Later Than Five Working Days From Transfer Date**

**From:**  
**Department/Division** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To:**  
**Department/Division** \_\_\_\_\_

Inv. Tag No.	Serial No.	Description	Purchase Date	Cost	From: Building, Area, or Room	To: Building, Area, or Room

I hereby relinquish possession  
 of this item.

\_\_\_\_\_  
 KCI Staff Signature

Transfer Approved

\_\_\_\_\_  
 KCI Staff Signature

Posted: \_\_\_\_\_  
 Inventory Clerk

I hereby accept possession  
 of this item.

\_\_\_\_\_  
 KCI Staff Signature