Mississippi
MDHS-PROP-114B
Revised 07/01/2024

MDHS
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

SUBGRANTEE - INVENTORY - TRANSFER

SEND ALL COPIES TO: SubgrantProperty@mdhs.ms.gov

Transfer From: _____
Name
_____
Division
_____
Location/Program

Transfer To: _____
Name
_____
Division
_____
Location/Program

ITEM	FULL DESCRIPTION OF ITEM	SERIAL NO.	INV. NO	CONDITION
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

This is to certify that I have transferred the above property and will not be held responsible for the accountability of same.

_____
Signature **Date**

_____
NAME PRINTED

This is to certify that I have received the above property and will be held responsible for the accountability of same.

_____
Signature **Date**

_____
NAME PRINTED

RECORDED BY: _____

Date Entered: _____