

INVENTORY – TRANSFER (SUBGRANTEE) MS DEPARTMENT OF HUMAN SERVICES

SEND ALL COPIES TO: MS DEPARTMENT OF HUMAN SERVICES, PROPERTY UNIT

Transferred From: _____ Transferred To: _____

Name

Name

Location

Location

Program

Program

Department Head: _____ Department Head: _____

Initials

Initials

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

This is to certify that I have on this _____ day
of _____, 20____, transferred the above
property and will not be held responsible for the
accountability of same.

This is to certify that I have on this _____ day
of _____, 20____, received the above
property and will be held responsible for the
accountability of the same.

Signature

Signature

Name Printed

Name Printed

RECORDED BY: _____

Date Entered: _____

Date Distributed: _____