



SUBGRANTEE - INVENTORY - TRANSFER

SEND ALL COPIES
TO: MS Department of Human Services, Property Unit

Transfer From: _____
Name

Division

Location/Program

Transfer To: _____
Name

Division

Location/Program

ITEM	FULL DESCRIPTION OF ITEM	SERIAL NO.	INV. NO		CONDITION

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

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

Signature Date

Signature Date

NAME PRINTED

NAME PRINTED

RECORDED BY: _____

Date Entered: _____