



Rio Arriba County

Property Control Management Department

Transfer Form

Fiscal Year: _____

Location: _____

Department: _____

From: _____

To: _____

<u>Tag No.</u>	<u>Description</u>	<u>Make:</u>	<u>Model</u>	<u>Serial No.</u>

Signature: _____
Employee

Date:

Signature: _____
Employee

Date:

Signature: _____
Department Head

Date:

Transfer from GFA listing by:

Date: