

PROPERTY ACTION REQUEST

Tracking #: _____

DATE: _____

TO BE COMPLETED BY INITIATING DEPARTMENT

1. Department Initiating Request: _____ Name/Ext: _____

2. Request Type:

A. _____ Transfer Custody of Property (DEPT to DEPT)

B. _____ Transfer of Excess Property to DRMO

Nomenclature: _____ Serial No.: _____

Equipment Control Number (ECN): _____

Model No.: _____ Manufacturer: _____

Custodian Name: _____ Date: _____

Signature: _____

IF (2A) CHECKED ABOVE. TO BE COMPLETED BY RECEIVING DEPT.

I received the above listed property item which will be located in
_____.

Name: _____ Signature: _____ Date: _____

IF (2B) CHECKED ABOVE. TO BE COMPLETED BY MEDICAL REPAIR (MEDICAL EQUIPMENT ONLY) OR IMD (ADP EQUIPMENT).

The above listed property item has been condition coded: _____

Name: _____ Signature: _____ Date: _____

TO BE COMPLETED BY DRMO REPRESENTATIVE.

New location of Property listed above: _____

Name: _____ Signature: _____ Date: _____

DMLSS Document Number: _____

REMARKS: _____