

TRANS1

LEVY COUNTY  
REPORT OF TRANSFER OF PROPERTY  
*To be used in all cases of transfer between Accountable Officers*

The following items of tangible personal property have been transferred as indicated:

TRANSFERRING OFFICE		RECEIVING OFFICE	
Department Name		Department Name	
Department Code		Department Code	
Contact Name		Contact Name	

ASSET NUMBER	DESCRIPTION	DATE OF TRANSFER

*Please contact IT Personnel for time and place of procedure for the cannibalization of computers.*

*The transferring department has securely removed ALL sensitive data from all electronic devices and media:*

\_\_\_\_\_  Yes  No  
*Signature of IT Personnel*

**TRANSFERRING OFFICE:**

**RECEIVING OFFICE:**

\_\_\_\_\_  
Signature of Accountable Officer

\_\_\_\_\_  
Signature of Accountable Office

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

***Transferring*** office retain a signed copy, send signed original to ***Receiving Office***. – ***Receiving Office*** will keep signed copy and send original :

Levy County Clerks Office  
Finance Dept./Asset Mgr.

**NOTE:** This TRANSFER FORM needs to accompany the equipment being transferred.