



- | TRANSFERRING (LOSING) AGENCY | | RECEIVING (GAINING) AGENCY | |
|------------------------------|--|----------------------------|--|
| Name: | | Name: | |
| Address: | | Address: | |
| Agency Number: | | Agency Number: | |
| Point of Contact: | | Point of Contact: | |
| Phone: | | Phone: | |
| Email: | | Email: | |
| Choose One: | | Choose One: | |
| State of Texas | | State of Texas | |
| Non-State Agency | | Non-State Agency | |
| Business Unit | | Business Unit | |

Name:		Email:		Phone:		Dept:	
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[illegible]

	Name:	Signature	Date
Transfer Complete Date:			
Inventory Manager Reviewed:			
Processed By:			