



Notice of Equipment Transfer

Equipment moving from:

Equipment moving to:

Contact name:

Contact name:

Contact phone number:

Contact phone number:

Table with 3 columns: DOL Inventory Tag Number, Description, Quantity. Title: List of Equipment

This section to be completed at the time the equipment is moved:

I do hereby verify that the tag number or serial number on the above equipment is correct.

Released by: \_\_\_\_\_
Print Name

Received by: \_\_\_\_\_
Print Name

- o Complete all requested information.
o Tag number: enter the tag number form each piece if equipment.
o Description: opposite each tag number, enter a brief but sufficient description to identify each item. Include Serial number.
o For all surplus (tagged and non-tagged), the TO address is 150 Broadway, Menands, NY. The Contact name is Warehouse Manager.

- o Quantity: Number of items to be sent to surplus.
o If a request needs to be completed on or before a certain date, please note that prominently on a separate line in the Description column. Example: Needed by July 10, 2017 If Possible.
o Direct questions to the Property Office at (518) 457-2560 or by email to: dolmoverequests@labor.ny.gov.