Print

LAWRENCE BERKELEY NATIONAL LABORATORY

Property Management

Request to Transfer – Form

Date of Request _____ Transfer ☐ Incoming ☐ Outgoing* Transfer No _____

*to DOE entities, DOE grant holders and other Federal agencies ONLY (Assigned by PMCT)

LBNL Requester/Custodian

Name _____ Emp # _____

Phone _____ Fax _____

Email _____ MS _____

Division _____

Matrixed Division (if applic) _____

Dual-Appointment ☐ Yes ☐ No

If yes, name of other organization _____

Division Property Representative

Name _____ Emp # _____

Phone _____ Fax _____

Email _____ MS _____

Coordinator for Custodian (optional)

Name _____ Emp # _____

Phone _____ Fax _____

Email _____ MS _____

High Risk Review is conducted by LBNL High Risk Manager for all property included in outgoing transfers.

Current Location of Property

Organization Name _____

Address _____ Building _____ Room _____

Other Organization Requester/Custodian

Organization _____

Name _____

Phone _____ Fax _____

Email _____ MS _____

☐ DOE Entity

DOE Prime Contract No _____

☐ DOE Grant

DOE Grant No _____

☐ Federal Agency

Property Management Contact
(if DOE Entity or Federal Agency)

Name _____

Phone _____ Fax _____

Email _____ MS _____

DOE Grant Officer/Specialist (if DOE Grant)

Name _____

Phone _____ Fax _____

Email _____ MS _____

Identify if Hazardous or Not *(at least one box must be checked)*

☐ No Hazard ☐ Chemical ☐ Radiological ☐ Biological ☐ Laser ☐ Microwave ☐ X-Ray

☐ Other (explain) _____

List of Property to be Transferred *(Additional sheet may be used. For all non-tagged items be sure to include values.)*

Property #	Description (include make, model, serial)	Unit Qty	Acq Cost/Unit
			$
			$
			$
			$
			$
		TOTAL	$

Comments