UNM HEALTH SCIENCES CENTER

Inventory Transfer List

To be Completed by the Prinicipal Investigator

PI Name: _____ Department: _____

Description of Equipment	Date Purchased	Purchased With Grant Funds	Grant Number (If Applicable)	End Date of Grant (If Applicable)	Purchase Price	Serial/Tag Number

For Additional Items Please Use a Separate Page

Accepted by Department Chair

_____

Date _____

Accepted by Vice Chancellor for Research

_____

Date _____