

Releasing Agency Reference No.

**Property Transfers**  
**Texas A&M Health Science Center Property Management**  
(including transfer to HSC Surplus)

Receiving Agency Reference No.

Name of person preparing form: \_\_\_\_\_  
Name, Phone Number and Email

(Information from FAMIS FFX 535 or Canopy)			(Only complete this section if transferring b/w HSC depts or A&M System Members)			
Asset Number	Description	Serial #	Rec. Agency Asset #	New Location		
				Bldg #	Room #	Other Location

RELEASING DEPARTMENT/AGENCY: \_\_\_\_\_  
Campus Code

\_\_\_\_\_  
FAMIS Dept Code      Department Name

\_\_\_\_\_  
Signature of Department Head / Alt APO      Date

\_\_\_\_\_  
Signature of Property Manager      Date

\_\_\_\_\_  
Member & Agency Number

RECEIVING DEPARTMENT/AGENCY: \_\_\_\_\_  
Campus Code

\_\_\_\_\_  
FAMIS Dept Code      Department Name

\_\_\_\_\_  
Signature of Department Head / Alt APO      Date

\_\_\_\_\_  
Signature of Property Manager      Date

\_\_\_\_\_  
Member & Agency Number

