



Cashier's Office
Inventory Transfer Acknowledgment

Employee Name: _____

Department: _____

Phone Ext.: _____

Bldg/Room #: _____

Machine Information

UNM Tag #: _____

Service Tag #: _____

Manufacturer: _____

Model #: _____

Date Picked Up: _____

Issue: _____

Employee Signature: _____

Technician Signature: _____

This portion to be completed upon return.

Date Returned: _____

Issue Resolved: Yes / No _____

Returned to: _____

Technician Signature: _____