AMARILLO COLLEGE
Property Control Form

DATE: _______________ Department No. _______________

- Transfer to Department
- Retirement (Check One)

Donation

Transfers and Retirements:

<table>
<thead>
<tr>
<th>KEY #</th>
<th>EQUIPMENT DESCRIPTION</th>
<th>PROP. CTL. NO.</th>
<th>SERIAL NO.</th>
<th>BLDG.</th>
<th>ROOM</th>
<th>COST</th>
</tr>
</thead>
</table>

Donations:

<table>
<thead>
<tr>
<th>KEY #</th>
<th>EQUIPMENT DESCPT.</th>
<th>AGE</th>
<th>PROP. CTL. NO.</th>
<th>SER. NO.</th>
<th>DATE REC'D</th>
<th>BLDG/ROOM</th>
<th>DONOR</th>
<th>EST. VALUE</th>
</tr>
</thead>
</table>

Dept Chair ____________________ Receiving Dept Chair ____________________
Property control clerk __________ Accountant ____________________
Senior Accountant ______________ Controller: ____________________

REVISED 5/92