UNIVERSITY OF KENTUCKY
HEALTHCARE
EQUIPMENT MOVE/TRANSFER FORM

Please select one of the following:

☐ Transfer equipment to another department's Inventory

☐ Move equipment within the same department's inventory (room/building number changes)

(You will need to contact PPD to set up a work order to physically move the equipment)

Must complete all of this section

	Dept FROM	**Dept RECEIVING**
Department Name		
SAP Cost Center (10 digit)		
eBARS Department# (Ex:A5210, B2110, S9650, Z1500, 71220)		
Contact person:		
Contact phone#		

Description of equipment	**UK Tag#**	**New Building**	**New Room #**

(Both signatures required for transfer)

Dept FROM Authorized Signature

_____**Date**_____

Dept TO Authorized Signature

_____ **Date**_____

Healthcare Accounting
2347 Sterlington Ste 300
Attn: **Ty Paul (jtpaul00@email.uky.edu)**
Phone 323-1176 / Fax 257-2950