

TRANSFER NUMBER

**ARKANSAS FORESTRY COMMISSION
TRANSFER OF PROPERTY FORM**

FROM: _____ TO: _____

COST CENTER: _____ COST CENTER: _____

DESCRIPTION OF PROPERTY

QUANTITY	AFC TAG NO. (SO OR FO)	ASSET #	SERIAL / VIN #

Picked up by: _____

NAME: _____ NAME: _____

TITLE: _____ TITLE: _____

DATE: _____ DATE: _____

SUBMIT TO LITTLE ROCK FISCAL OFFICE WITHIN 10 DAYS OF TRANSFER

Original to Fiscal, Little Rock

Check appropriate box to indicate required copy for:

- Sending Unit
- Receiving Unit
- Rural Fire Protection

EVIDENCE OF RECEIPT OF GOODS

NAME AND ADDRESS OF VENDOR:

Date: _____

Signature/Title: _____