TRANSFER MANIFEST
T- -2011

AGENCY NAME:	
RELINQUISHMENT#:	
LOCATION ADDRESS/FLOOR/ROOM:	
CITY/STATE/ZIP:	

******UPON COMPLETION OF THE TRANSFER MANIFEST BY THE RECEIVING AGENCY, PLEASE FORWARD THE ORIGINAL DOCUMENT TO THE RELINQUISHING AGENCY AT ADDRESS INDICATED ABOVE******

ITEM #	DESCRIPTION	QUANTITY	UNIT OF ISSUE

RECIPIENT AGENCY OF ITEMS LISTED ABOVE:

(AGENCY /DIVISION)

(SALVAGE OFFICER SIGNATURE)

(PRINT SALVAGE OFFICER NAME/TITLE)

(TELEPHONE#) **(DATE)**

AGENCY AUTHORIZED SALVAGE OFFICER RELEASING THESE ITEMS:

(AGENCY NAME)

(SALVAGE OFFICER SIGNATURE)

(PRINT SALVAGE OFFICER NAME)

(SALVAGE OFFICER TELEPHONE#)

*****(UNDER NO CIRCUMSTANCE SHALL THE OFFICE OF SURPLUS ACTIVITIES ACCEPT MANIFESTS THAT HAVE BEEN ALTERED)*****

If more space is needed form may be photocopied.