

**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# <small>(Ex: A5210, B2110, S9650, Z1500, 71220)</small>		
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  
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