

PROPERTY TRANSFER WITHIN AGENCY

CO-58 Rev. 07/2024



STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER

Complete when property is moved within an agency

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| AGENCY ACRONYM | AGENCY NAME |
|-----------------------|--------------------|

| DATE | TAG NUMBER | ITEM DESCRIPTION <i>(Include Material Content)</i> | FROM | | TO | |
|------|------------|---|---------|----------|---------|----------|
| | | | ADDRESS | ROOM NO. | ADDRESS | ROOM NO. |
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| POSTED BY | DATE POSTED |
| AUTHORIZED SIGNATURE OF TRANSFERRING UNIT | DATE |
| AUTHORIZED SIGNATURE OF RECEIVING UNIT | DATE |