Asset Management
PP101, 2500 University Drive NW
Calgary, AB, T2N 1N4
Email: AM@ucalgary.ca

Capital Asset Transfer Form

This form is used to transfer capital assets and related costs that have been recorded in PeopleSoft. This form must be used for all capital asset transfers, including WIP and funding source changes. Transfers cannot be done using journal entries.

Requestor Information:

Date:	
Requested by:	
Email:	
Phone:	
Faculty/Department:	

Available Asset Information:

Asset ID/Tag #:	
PO#/Invoice#:	
Asset Description:	
Transfer Type:	
Comment:	

Capital Asset Transfer From:

GL Bus. Unit	**Fund**	**Dept.**	**Account**	**Internal**	**Program Code**	**Project**	**Activity**	**Amount**

Capital Asset Transfer To:

Asset Custodian Will Be: _____

Location-Where Asset Will Be Located (Building/Room#): _____

GL Bus. Unit	**Fund**	**Dept.**	**Account**	**Internal**	**Program Code**	**Project**	**Activity**	**Amount**

Budget Owner Approval

Name	Signature	Date(DD/MM/YYYY)

If the transfer involves either fund 11, 60, or 70, please attach relevant documentation to support the transfer and forward all documents to Research Accounting at mailto:rtahelp@ucalgary.ca.

For all other transfers, please attach relevant documentation to support the transfer and forward all documents to Financial Reporting at mailto:ocglje@ucalgary.ca.

Relevant documentation would include, at minimum:

- eFin Report, COGNOS Report or, PeopleSoft (PS) GL Query or, PeopleSoft (PS) Ledger Inquiry Screen

Please include the word “Transfer” in the subject line.

Asset Management will e-mail back to Research Accounting or Financial Reporting as well as the requestor confirming the transfer.

Form Usage Notes

Requestor Information	
Date:	Date of the transfer. All costs incurred before or on this date are included in the transfer. This is a required field.
Requested By:	Requestor's name. This is a required field.
Email:	Requestor's email address. Will be used to contact the requestor if additional information is needed. This is a required field.
Phone:	Requestor's phone number. Can also be used to contact the requestor if additional clarification is needed. This is a required field.
Faculty/Department:	Faculty/Department requesting the transfer. This is a required field.

Available Asset Information	
Asset ID/Tag #:	If the asset has a tag # associated with it, please include it. This is used to identify the asset in Asset Management.
PO#/Invoice#:	Purchase order or invoice number referenced with the original purchase. This is used to identify the asset in AM when there is no tag #. This is a required field.
Asset Description:	A description of the asset to be transferred. This is a required field.

Capital Asset Transfer From:	
GL Bus. Unit, Fund, Dept., Account, Internal, Program Code, Project, Activity	Chartfield codes are required.
Amount	Transfer Amount. This is a required field.

Capital Asset Transfer To:	
Asset Custodian Will Be:	Name and UCID number of the individual who will have custody and control of the asset after the transfer. This is a required field.
Location-Where Asset Will Be Located (Building/Room#):	Location of where asset will be located after the transfer. This is a required field.
GL Bus. Unit, Fund, Dept., Account, Internal, Program Code, Project, Activity	Chartfield codes are required.
Amount	Transfer Amount, should be same as from amount. This is a required field.

Budget Owner Approval:	
Name	Name of budget owner accepting the transfer of the cost. This is a required field.
Signature	Budget owner signature. This is a required field.
Date(DD/MM/YYYY)	Approval date. This is a required field.

Deadlines:

Please be aware that valid transfer requests received after 4:00pm on business day -5 will most probably be processed in the next period.