

CAPITAL ASSET TRANSFER FORM

Please fill out the fields below to request a change of custodian or department or location for a capita/fixed asset.

Initial Department: When completed and signed by the Financial Manager, Dean, Director or Department Chair of the initial department, please forward this form to the receiving department.

Receiving Department: After the Financial Manager, Dean, Director or Department Chair signs this form acknowledging receipt and accepting responsibility for the property, please email the form to General Accounting at genaccting@drexel or send via interoffice mail to: General Accounting, 3201 Arch St. Suite 340.

TRANSFER INFORMATION:

Asset Tag #: _____	Description (be specific): _____
Make: _____	_____
Model: _____	Transfer from Location (Building & Room): _____
Manufacturer: _____	to Location (Building & Room) _____ :
Serial Number: _____	Date of Transfer: _____

SIGNATURES:

Initial Department:

Name (Please print): _____ Title: _____

Signature: _____ Date: _____

Receiving Department:

Name (Please print): _____ Title: _____

Signature: _____ Date: _____

FOR FINANCIAL SERVICES USE ONLY:
Date Received: _____
Date Entered in Banner: _____
Initials: _____
<u>Comments:</u>

