

FIXED ASSET LOCATION TRANSFER FORM

Please fill out the fields below to request change of location for a 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 forward it on the Financial Services.

TRANSFER INFORMATION:

Asset Tag #: _____

Make: _____

Model: _____

Manufacturer: _____

Serial Number: _____

Description (be specific): _____

Transfer from Location (Building & Room): _____

Transfer to Location (Building & Room): _____

Date of Transfer: _____

SIGNATURES:

Initial Department:

Name (Please type or print): _____

Signature: _____

Title: _____

Date: _____

Receiving Department:

Name (Please type or print): _____

Signature: _____

Title: _____

Date: _____

FOR FINANCIAL SERVICES USE ONLY:

Date Received: _____

Date Entered in Banner: _____

Initials: _____

COMMENTS: