



FIXED ASSET TRANSFER FORM

A separate form MUST be used for each accepting department.
 For instructions on the use of this form, please see policy #03.04.

 Originator's Name (Please Print) Phone Extension Date

 Date Needed & Reason (Only use if Plant and Maintenance will be requested to move the asset)

Transfer From
 Issuing Department
 Number

Transfer To
 Accepting Department
 Number

Tag Number	Description	Serial Number	Building/Room	Building/Room
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

 Issuing Department: Department Head Approval Date Accepting Department: Department Head Approval Date

 Entered into Fixed Asset Subsidiary Date Entered