

# ASSET TRANSFER FORM

	ASSET TAG NO.	DESCRIPTION (INCLUDING MAKE AND MODEL)	SERIAL NUMBER	TRANSFER DATE:	FROM (COLLEGE):	BLDG. NO.	ROOM NO.	TO (COLLEGE):	BLDG. NO.	ROOM NO.
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

**What to do:**

Please enter all pertinent information about the asset(s) to be transferred in the rows above. Include as much detail as possible. *(Only one (1) Asset per row. The Asset Tag Number and Description, as well as all 'From' and 'To' location information are mandatory).*

Once the Transfer Form is completed and signed by both Department Administrators, please submit it to District General Services, attention Sam Haun.

**Transferring Campus / Department:** \_\_\_\_\_

\_\_\_\_\_  
Dept. Administrator Signature

\_\_\_\_\_  
Date

**Receiving Campus / Department:** \_\_\_\_\_

\_\_\_\_\_  
Dept. Administrator Signature

\_\_\_\_\_  
Date