



# FIXED ASSET TRANSFER FORM

Requester's Name: \_\_\_\_\_ Campus: \_\_\_\_\_ Date: \_\_\_\_\_

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## 1. ASSET DETAIL:

Item Description: \_\_\_\_\_

Asset Tag Number: \_\_\_\_\_

Make/Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

PO# (if known): \_\_\_\_\_

Original Location: \_\_\_\_\_

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## 2. TRANSFER DETAIL:

New Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Effective Date of Transfer: \_\_\_\_\_

Acquiring Cost Center: \_\_\_\_\_

Cost Center Manager's Approval: (Signature) \_\_\_\_\_

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## 3. COMMUNICATION DETAIL:

Originating Plant Ops (Signature): \_\_\_\_\_

Date \_\_\_\_\_

Receiving Plant Ops (Signature): \_\_\_\_\_

Date \_\_\_\_\_

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### For Business Office Use Only

Processed by: \_\_\_\_\_

Date \_\_\_\_\_

Asset ID: \_\_\_\_\_