



FIXED ASSET TRANSFER/CHANGE/DELETE FORM

Department, Faculty, School: _____

Date: _____

DD/MMM/YYYY

Asset Information:

Permanent tag#: _____ Description: _____

Transfer/Change to:

❖ For transfers, please attach confirmation of approval from department receiving equipment.

Department: _____

Location: _____

Description: _____

Make: _____

Model #: _____

Manufacturer: _____

Serial #: _____

Delete:

❖ Please note Departmental Head Approval required for deletes only.

Reason for deleting this asset from your Property Report

Prepared by: _____

Department Approval: _____

Financial and Administrative Services: _____

Please forward this form to Financial and Administrative Services. A copy will be returned to you to confirm data entry processing. If a Transfer, the recipient department will also receive a copy of this form from the Department of Financial and Administrative Services.