OPSU	Fixed Asset Transfer Request Form		
Receiving Custodian Name	**Receiving Custodian No.**	**Department Code**	**Date**

Transfer Prepared By	**Date Prepared**	**Complete Address, (Area Code) Phone Number**

A5 - Interdepartmental Transfer

Asset Tag Number	Qty	AC	Description, Mfg, Model, Serial No., Color	Cost	Bldg	Room	Owner Code
		A5					
		A5					
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		A5					
		A5					
			Total Value of Additions	$0.00			

Comment:

Receiving Department Certification

"I assume inventory accountability for the above described equipment."

Signed: ______________________________

Department Head Date

Releasing Department Certification

"I relinquish inventory accountability for the above described equipment."

Signed: ______________________________

Department Head Date

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Releasing Custodian Number