

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
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		A5					
			Total Value of Additions	\$0.00			

Comment: _____

Receiving Department Certification

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

Signed: _____
Department HeadDate

Releasing Department Certification

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

Signed: _____
Department HeadDate

Releasing Custodian Number _____