

MASSART

Inventory Control

Notice of Transfer of Fixed Asset Equipment/Furniture

This form is to be completed by the person who is initiating the movement of equipment/furniture from its current location and form is then forwarded to Administrative Services.

- Movement Within Department
 Movement Between Departments
 Return/Repair (Explain Below)
 Loan (Explain Below)
 Other (Explain Below)

Date: _____

Check One:

"From" Information

Contact Person: _____	Extension: _____
Department: _____	Building/Room #: _____

Asset Information

<u>MCA Tag #</u>	<u>Item Description</u>	<u>Serial #</u>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

"To" Information

Contact Person: _____	Extension: _____
Department: _____	Building/Room #: _____

Explanation/Comments

Include any relevant information such as reason for transfer, anticipated period of time for repair/loan, attachments, etc.

Administrative Services Use Only

Date Inventory Updated: _____

By: _____