

**FIXED ASSETS MANAGEMENT SYSTEM
FIXED ASSETS RELOCATION/TRANSFER FORM**

Transfer Date: _____ Bar Code No.: _____

Description: _____

Quantity _____ Serial/Model No.: _____

Transfer From:

Building Name: _____

Building Code: _____ Department/Room: _____

Controlling Person: _____ Completed by: _____
Initials/Date

Transfer To:

Building Name: _____

Building Code: _____ Department/Room: _____

Reason for transfer: _____

Controlling Person: _____ Completed by: _____
Initials/Date

Authorization: _____

Entered into the Fixed Assets Management System Record by: _____
Initials Date

Instructions: This form is used only when a fixed assets is relocated/transferred to another location for continued use. The upper portion is completed by the building principal. The information on this form should be entered into the fixed assets management system on the same day the relocation/transfer is completed and no later than in the month in which the relocation/transfer occurred.