

School/Department Name: _____

DATE: _____

Please fill out the fields below to request a transfer equipment from location-location or from room-room within the same location.

ASSET TRANSFERRED FROM: _____

ASSET TRANSFERRED TO: _____

GPSD Asset#	Manufacturer/Device Name	Model #:	Item Description:	Service Tag / Serial Number:

ESTIMATED DATE OF RETURN: _____

REASON FOR TRANSFER:

SIGNATURE OF PERSON SENDING:

PRINT Name	Signature	Date Signed
		/ /

Receiving Party:

PRINT Name	Signature	Date Signed
		/ /

**FOR OFFICIAL USE ONLY
 (TO BE COMPLETED BY FIXED ASSET OFFICE)**

The Fixed Asset office was notified of the TRANSFER of the property identified above

Fixed Asset Coordinator: _____

Fixed Asset Signature: _____

DATE: _____