



ASSET TRANSFER FORM

(Fields with an * must be filled in)

*Faculty/Division _____ Campus _____

*Contact Person _____ Ext No _____

EQUIPMENT DETAILS:

*Asset No _____ *Tag No _____ *Serial No _____

*Description _____

Purchase Cost \$ _____ Purchase Date ____/____/____

TRANSFER DETAILS to be completed by Budget Centre *disposing* of Asset:

*Reason for Transfer _____

*Transfer From (Budget Centre Name) _____

*Signature of Budget Centre Head – Disposing Asset _____

*Budget Centre Head Login _____ *Date ____/____/____

TRANSFER DETAILS to be completed by Budget Centre *receiving* Asset:

*Transfer To (Budget Centre Name) _____

*New Responsible Person _____ *Campus _____

*New Room No _____ *New Code _____

Budget Centre	Activity	Account	FS	Entity
		6334		

*Signature of Budget Centre Head – Receiving Asset _____

*Budget Centre Head Username _____ *Date ____/____/____

FINANCE USE ONLY:

F&BS Approval _____ Date ____/____/____

Entered into DFMS by _____ Date ____/____/____

File No _____