

FIXED ASSET TRANSFER FORM

Dept. # \_\_\_\_\_  
Transferred From \_\_\_\_\_

Dept. Name \_\_\_\_\_

Asset Description	Cost (if known)	Serial #	County Tag #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Printed Name and Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Dept. # \_\_\_\_\_  
Transferred To \_\_\_\_\_

Dept. Name \_\_\_\_\_

Asset Description	Cost (if known)	Serial #	County Tag #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Printed Name and Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

- One Copy - Dept. Transferring Asset
- One Copy - Dept. Receiving Asset
- One Copy - Auditor's Office