



**FAIRMONT STATE UNIVERSITY
CAPITAL EQUIPMENT TRANSFER REPORTING FORM**

ASSET DESCRIPTION	ASSET TAG #	SERIAL #
ASSET DESCRIPTION	ASSET TAG #	SERIAL #
ASSET DESCRIPTION	ASSET TAG #	SERIAL #

**COMPLETE THIS SECTION FOR TRANSFERS ON CAMPUS
PROPERTY MOVING TO A NEW PERMANENT LOCATION**

TRANSFERRED FROM:

BUILDING #: _____
ROOM #: _____

Signature of Current Custodian

TRANSFERRED TO:

BUILDING #: _____
ROOM #: _____

Signature of New Custodian

Transfer Date: _____

**COMPLETE THIS SECTION FOR TRANSFERS TO ANOTHER AGENCY
PROPERTY TRANSFERRED TO Municipal, County, State or Federal Agency**

Printed Name of Person Receiving Property

Organization/Agency Name

Signature of Person Receiving Property

Agency Address

Phone Number of Person Receiving Property

City, State, Zip Code

Present Value of Equipment Transferred: _____

The signature below certifies that the above transfer of equipment is approved by the Administration of Fairmont State University.

Signature of Dean/VP/Director of School or Department

Name and Title

Date

ACCOUNTING OFFICE USE ONLY

POSTED BY: _____

DATE: _____