

Date: \_\_\_\_\_

# Arkansas State University

## Request for Equipment Inventory Transfer

### Equipment Information

Tag Number	Asset Condition	Serial Number	Brand/Model	Item Description	Reuse or Dispose?
	<input style="width: 100%;" type="text"/>				
	<input style="width: 100%;" type="text"/>				
	<input style="width: 100%;" type="text"/>				
	<input style="width: 100%;" type="text"/>				
	<input style="width: 100%;" type="text"/>				

### Employee Requesting Transfer of Equipment

Name: \_\_\_\_\_ ASU ID: \_\_\_\_\_

Department: \_\_\_\_\_ Building/Room: \_\_\_\_\_

ASU Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Employee Receiving Equipment

Name: \_\_\_\_\_ ASU ID: \_\_\_\_\_

Department: \_\_\_\_\_ Building: \_\_\_\_\_

ASU Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Reason for Transfer:

### Required Signatures

***Employee Transferring Equipment:***

\_\_\_\_\_  
 Print Name Title Signature Date

***Transferring Chair/Supervisor:***

\_\_\_\_\_  
 Print Name Title Signature Date

***Transferring Dean/Department Administrator:***

\_\_\_\_\_  
 Print Name Title Signature Date

***Employee Receiving Equipment:***

\_\_\_\_\_  
 Print Name Title Signature Date

***Receiving Chair/Supervisor:***

\_\_\_\_\_  
 Print Name Title Signature Date

***Receiving Dean/Department Administrator:***

\_\_\_\_\_  
 Print Name Title Signature Date

***Property Accounting:***

\_\_\_\_\_  
 Print Name Title Signature Date

**All signatures must be completed prior to submitting to Property Accounting**

Please return this form to Hunter Lewis in the Administration Building, Property Accounting