

Arkansas State University

Request for Equipment Inventory Transfer

Date: ASU Tag #: Asset Condition:

Equipment Description
(include Brand, Model #,
Serial #, etc):

Person Responsible for Transferring Equipment:

Name: _____ ASU ID: _____

Department: _____ Building: _____

ASU Email Address: _____ Work Phone: _____

Person Responsible for Receiving Equipment:

Name: _____ ASU ID: _____

Department: _____ Building: _____

ASU Email Address: _____ Work Phone: _____

Reason for Transfer:

Signature of Person Transferring Equipment: _____ Date: _____

Chair/Supervisor Signature: _____ Date: _____

Dean/Department Head Signature: _____ Date: _____

Signature of Person Receiving Equipment: _____ Date: _____

Chair/Supervisor Signature: _____ Date: _____

Dean/Department Head Signature: _____ Date: _____

Property Accounting Signature: _____ Date: _____

All departmental signatures must be completed.

Please return the form to Michelle Malone, Administration Building, Property Accounting Office.