

Arkansas State University-Jonesboro

Request for Equipment Inventory Transfer

Equipment Information

Date:

ASU Tag #:

Asset Condition:

Equipment Description
(include Brand, Model #,
Serial #, and Tag #)
Attach list if necessary.

Person Responsible for Transferring Equipment

Name: _____ ASU ID: _____ ASU Email: _____

Department: _____ Building and Room Number: _____

Work Phone: _____

Person Responsible for Receiving Equipment

Name: _____ ASU ID: _____ ASU Email: _____

Department: _____ Building and Room Number: _____

Work Phone: _____

Reason for Transfer:

Required Signatures

Person Transferring Equipment:

_____	_____	_____
Printed Name/Signature	Title	Date

Chair/Supervisor:

_____	_____	_____
Printed Name/Signature	Title	Date

Dean/Department Administrator:

_____	_____	_____
Printed Name/Signature	Title	Date

Facilities Management:

_____	_____	_____
Printed Name/Signature	Title	Date

Property Accounting: _____ Date: _____

All departmental signatures must be completed. Return the form to Michelle Malone or Jennifer Caples in the Administration Building, Property Accounting.