

FIXED ASSET TRANSFER REQUEST



RECEIVING CUSTODIAN NAME	RECEIVING CUSTODIAN NO	ORGANIZATION CODE	DATE (MM/DD/YYYY)
University Accounting	1086003	100419	5/12/2026
TRANSFER PREPARED BY	ADDRESS/EXTENSION		
Beka Welch	304 Whitehurst 4-7583		

A5-INTERDEPARTMENTAL TRANSFER

ASSET NUMBERS	QTY	AC	SERIAL NO., ITEM DESCRIPTION, MFG/MODEL	COST EACH	BLDG	ROOM	TITLE TO CODE
281605	1	A5	Canon E051d-X Digital Camera S/N 62011000515	6,799.99	0015	304	U
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			TOTAL VALUE OF ADDITIONS	6,799.99			

COMMENT:

RECEIVING DEPARTMENT CERTIFICATION

"I assume inventory accountability for the above described equipment."

SIGNED Signature Required
DEPARTMENT HEAD

DATE _____

RELEASING DEPARTMENT CERTIFICATION

"I relinquish inventory accountability for the above described equipment."

SIGNED: Signature Required
DEPARTMENT HEAD

DATE _____

RELEASING CUSTODIAN NUMBER