



Asset Transfer Request

Asset Transfer is defined when an asset moves from use by one department to another.

Date: _____

Asset Number: _____

Asset Description: _____

Responsible Person: _____

Department Name: _____

Six Digit Account Number Purchased from: _____

Building Location: _____

Room Number: _____

Use of Property:

(Please check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Instruction | <input type="checkbox"/> Departmental Administration | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Department Funded Research | <input type="checkbox"/> Deans Office | |
| <input type="checkbox"/> Funded Research | <input type="checkbox"/> Library | |

Six digit Financial Record System (FRS) account number associated with the room use: _____

Signature of Responsible Person

**Signature of Director of Grants & Contracts or
 MERC Operations Director (if applicable)**