

**INVENTORY REPORT FOR
FURNITURE/EQUIPMENT TRANSFERS TO/FROM OTHER SITES**

TRANSFERRING SITE ADMINISTRATOR (Please print) _____

TRANSFERRING SITE ADMINISTRATOR'S SIGNATURE _____

DATE _____

RECEIVING SITE ADMINISTRATOR (Please print) _____

RECEIVING SITE ADMINISTRATOR'S SIGNATURE _____

DATE _____

ASSET ID #	ITEM DESCRIPTION	MFR	MODEL	SERIAL #	TRANSFER FROM SITE # / Name	RECEIVING	
						SITE #	RM#

INSTRUCTIONS FOR COMPLETING FORM:

<u>TRANSFERRING SITE:</u>	<u>RECEIVING SITE:</u>
<ol style="list-style-type: none"> 1. Include the Asset ID# for each item transferred. 2. List one item per line. 3. Send one copy of form with asset(s) to be transferred. 4. Retain one copy for your records. 5. Submit original to the Dept. of Fiscal Services 	<ol style="list-style-type: none"> 1. Review information provided for item received for accuracy. 2. Complete receiving site information. 3. Retain one copy for your records. 4. Submit original to the Dept. of Fiscal Services