

Missouri Western State University
“Department to Department Transfer Form”

Please call the Fixed Asset Accountant, X4576 if you have any questions.

Transferring Department completes the **GOLD** highlighted Sections

Receiving Department Completes the **YELLOW** highlighted Sections

Section I: Department Transferring Asset
(To be completed by Department Transferring Asset)

Department Name:		Department Index:
Prepared By:		
Email:	Ext:	Date:

Section II: Transferring Department Certification
“I relinquish inventory accountability for the above described equipment”

SIGNED: _____ Date: _____
Department Chair/Director

Section III: Asset Information
(To be completed by Department Transferring Asset)

Section IV:
“New” Location Information
(To be completed by the Receiving Department)

MWSU Tag #	Asset Description (Include Model Name & Number)	Serial Number	Building Name	Room #	Suite Letter

Section V:
(for Laptops &/or Sensitive Assets)
Responsible User Information:

First Name: _____

Last Name: _____

Section VI: Receiving Department Information
(To be completed by Department Receiving Asset)

Department Name:		Department Index:
Received By:		
Email:	Ext:	Date Receive:

Section VII: Receiving Department Certification
“I assume inventory accountability for the above described equipment”

SIGNED: _____ Date: _____
Department Chair/Director

It is the responsibility of the “Receiving Department” to forward the original transfer form with required signatures to the Capital Asset Accountant in Popplewell 220.

Receiving Department...Please Make a Copy for Departmental Files and Send copy to the Transferring Department once signed

Accounting Services Use		
Initials & Date Received: _____	Initials & Updated date in WT: _____	Initials Date scanned/attached in WT: _____