

**Missouri Western State University**  
**Asset Transfer Form**  
**“With-In A Department Transfers”**

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

<b>Section I: Department Transferring Asset</b> (To be completed by Department Transferring Asset)			
Department Name:		Department Index:	
Prepared By:	Email:	Ext:	
Department Chair/Director Signature:		Date:	

<b>Section II: Asset Information</b> (To be completed by Department Transferring Asset)			<b>“New” Location Information</b>		
MWSU Tag #	Asset Description (Include Model Name & Number)	Serial Number	Building Name	Room #	Suite Letter

<b>Section V:</b> (for Laptops &/or Sensitive Assets) <b>Responsible User Information:</b>	<b>First Name:</b>	<b>Last Name:</b>
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***Forward the original transfer form with required signature to the Capital Asset Accountant in Popplewell 220.***

Please make a copy for departmental files.

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