

**Missouri Western State University**  
**“Department to Department Transfer Form”**  
 Please call the Fixed Asset Accountant, X5917 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

<b>Section III: Asset Information</b> (To be completed by Department Transferring Asset)	<b>Section IV: “New” Location Information</b> (To be completed by the Receiving Department)
---	--

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> _____
--	--------------------------	-------------------------

**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: _____