

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

Please call the Fixed Asset Accountant, X5917 if you have any questions.

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

Section II: Asset Information (To be completed by Department Transferring Asset)			“New” Location Information		
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:
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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: _____