INSTITUTE OF TECHNOLOGY

FIXED ASSET TRANSFER REQUEST

RECEIVING CUSTODIAN NAME AND RECEIVING CUSTODIAN NUMBER	DEPARTMENT CODE	DATE (MM/DD/YYYY)
Choose From Drop Down Box		

TRANSFER PREPARED BY	DATE PREPARED	ADDRESS/EXTENSION
		1801 E 4th St., Okmulgee, OK 74447

ASSET NUMBERS A5 - INTERDEPARTMENTAL TRANSFER

ASSET NUMBERS	QTY		AC	SERIAL NO, ITEM DESCRIPTION, MFG/MODEL	COST EACH	BLDG	ROOM	OWNER CODE
			A5					
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			A5					
				TOTAL VALUE OF ADDITIONS	$ 0.00			

COMMENT:

RECEIVING DEPARTMENT CERTIFICATION

"I assume inventory accountability for the above described equipment."

SIGNED ______________________________

DEPARTMENT HEAD DATE

RELEASING DEPARTMENT CERTIFICATION

"I relinquish inventory accountability for the above described equipment."

Releasing Custodian

RELEASING CUSTODIAN NUMBER

SIGNED: ______________________________

DEPARTMENT HEAD DATE