



CAPITAL ASSETS: INVENTORY TRANSFER FORM

Asset Number

Old Loc/Dept

New Dept/Loc

Originating Department Inventory Number

New Department Inventory Number

Serial Number (if applicable)

Description of Asset Being Transferred: (Make, Model, Color, Term of License, etc.)

Reason for Transfer:

Previous Individual
Responsible for Asset

Ext:

New Individual
Responsible for Asset:

Ext:

Signature:

Date:

___/___/___

Signature:

Date:

___/___/___

Please Note:

This form is to be submitted to Business Office when asset is transferred from the department, location, or campus for which the asset was originally purchased. Submission can be made via email to Peng Liang at

pliang@irvingisd.net.

Business Office Use Only:

Fund Used for Original Purchase: _____

Asset Updated On: ___/___/___

By: _____

Date Form Returned to Originating and New Dept:

___/___/___