

Sub-Board I, Inc. Asset Transfer/Disposal Form

Asset description: _____

Serial number: _____
Model number: _____
Asset tag number: _____

Current location of asset:
Campus: _____
Building: _____
Room number: _____
Department: _____

Date of transfer or disposal: _____

Disposal Type (if applicable): _____

New location of asset (if applicable)
Campus: _____
Building: _____
Room number: _____
Department: _____

Current department manager/director responsible for asset:

_____ Signature	_____ Date
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New department manager/director responsible for asset:

_____ Signature	_____ Date
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Executive Director:

_____ Signature	_____ Date
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