## CAPITAL EQUIPMENT TRANSFERS REPORTING FORM

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<th>ASSET DESCRIPTION/MODEL #</th>
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### COMPLETE THIS SECTION FOR TRANSFERS ON CAMPUS

**PROPERTY MOVING TO A NEW PERMANENT LOCATION WITHIN FSU and PIERPONT Campus**

**TRANSFERRED FROM:**
- BLDG. #: __________________________
- ROOM #: __________________________
- Signature of Authorized Person

**TRANSFERRED TO:**
- BLDG. #: __________________________
- ROOM #: __________________________
- Signature of Person Receiving Property

**Transfer Date:** _______________

### COMPLETE THIS SECTION FOR TRANSFER TO ANOTHER AGENCY

**PROPERTY TRANSFERRED TO Municipal, County, State or Federal Agency**

- Printed Name of Person Receiving Property
- Organization/Agency Name
- Signature of Person Receiving Property
- Street Address
- Phone #
- City, State, Zip Code

**Present Value of Equipment:** ______________

The signature below certifies that the above transfer of equipment is approved by the Administration of Fairmont State or Pierpont.

- Signature of Dean/Chair/VP or Director of School or Department
- Date: ______________

### ACCOUNTING OFFICE USE ONLY

**Posted By:** __________________________
**Date:** ______________