

**CAPITAL ASSETS**

**INVENTORY TRANSFER FORM**

\_\_\_\_\_  
Inventory Number

\_\_\_\_\_  
Description

\_\_\_\_\_  
Serial Number

\_\_\_\_\_  
Acquisition Cost

\_\_\_\_\_  
Total Cost

\_\_\_\_\_  
Effective Date

Transfer From:

Transfer To:

\_\_\_\_\_  
Department:

\_\_\_\_\_  
Department:

\_\_\_\_\_  
Transferor:

\_\_\_\_\_  
Transferee:

\_\_\_\_\_  
Division Chair

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Vice President