KSU Office of Finance and Accounting
Asset Transfer Form

Asset Description	Asset Tag Number	Serial Number	Receiving Location of Asset: Building	Floor	Room	Inventory Use Only

Select Reason: Custodian Change ☐ Location Change ☐

Transferring Custodian (Print Name)	**Transferring Dept. #**	Signature and Date
Receiving Custodian (Print Name)	**Receiving Dept. #**	Signature and Date

Print form in landscape after filling out for approval.

A copy of this form is to be maintained in the files of the using department office. Please send original form with the original signatures to Inventory Control (MB 9110) or email to lpennin1@kennesaw.edu for validation in the Asset Management System.

(Additional items may be attached on a separate sheet)

Clear Form

KSU Office of Finance and Accounting

Asset Transfer Form

ó additional lines as needed must be attached to a signed !ăăŜú ¢№I·yãŦŜ№ C2№Y ú

Asset Description	Asset Tag Number	Serial Number	Receiving Location of Asset Building	Floor	Room	Inventory Use Only

(This page must be attached to a signed Asset Transfer Form)