

ASSET TRANSFER REQUEST

Please complete this form to transfer ownership of assets. Please type, print out, sign and submit via email to msu.inventory@murraystate.edu.

Request Date: _____

Relinquishing Department:		Receiving Department:	
Department Name:		Department Name:	
Dept. Location Number: <small>(Located at top left of inventory list)</small>		Dept. Location Number: <small>(Located at top left of inventory list)</small>	
Department Head Name:		Department Head Name:	
Dept. Head Signature:		Dept. Head Signature:	
Contact Name:		Contact Name:	
Contact Phone Number:		Contact Phone Number:	

	Complete Property Description <small>(item, size, type, model, material, color and make)</small>	Moved to Bldg./Room	Serial #	MSU Asset Tag #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				