

# University of the Incarnate Word

## Asset (Equipment \ Furniture) Transfer \ Disposal Form

Date: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING FOR EACH TRANSFER \ DISPOSAL \ STOLEN ASSET.**

**CIRCLE ONE:**            TRANSFER                      DISPOSAL                      STOLEN                      PURCHASE

**The boxed section below must be completed for any of the above:**

Description of Asset (Dell Computer, HP Printer, table, chair, etc) \_\_\_\_\_

Asset Tag No. \_\_\_\_\_ Serial # \_\_\_\_\_ Model # \_\_\_\_\_

\* **Note** - Call the Help Desk @ 2721 for all computers, monitors and printers before disposing for possible part usage.

Building & Room # \_\_\_\_\_ Location (UIW, IWHS, SACHS) \_\_\_\_\_

Reason for disposal: \_\_\_\_\_

Department transferring / disposing asset \_\_\_\_\_

Person transferring / disposing asset      Print Name: \_\_\_\_\_

Phone no. \_\_\_\_\_                      Signature: \_\_\_\_\_

**Please complete all applicable sections:**

**Department receiving asset:** \_\_\_\_\_

Person receiving asset (print and sign): \_\_\_\_\_

New Location \_\_\_\_\_ Building \_\_\_\_\_ Room \_\_\_\_\_

Phone no. \_\_\_\_\_ CPO no. \_\_\_\_\_

Asset accounted for in account no. \_\_\_\_\_

If sold, what were the disposal proceeds \$ \_\_\_\_\_

Deposit date @ Business Office: \_\_\_\_\_ Account deposited to: \_\_\_\_\_

**If Asset is Stolen, please complete the following section:**

Department reporting stolen asset: \_\_\_\_\_

Person reporting stolen asset (print and sign) \_\_\_\_\_

Phone no. \_\_\_\_\_ CPO no. \_\_\_\_\_

Estimated value of asset                      \$ \_\_\_\_\_

Date Accident Report filed \_\_\_\_\_                      Name of person contacted \_\_\_\_\_

Date Comptroller's department contacted \_\_\_\_\_

**Once this form is completed, submit to the Comptroller's Office with a copy of the Campus Police report.**

\*\*\*\*\* **For Comptroller's Use Only** \*\*\*\*\*

Date form received \_\_\_\_\_                      Processed by \_\_\_\_\_

Date asset updated in system \_\_\_\_\_

Account no. recorded \_\_\_\_\_                      Building \_\_\_\_\_                      Room \_\_\_\_\_

Distribution of this form:	Adm. Computing:	_____
Department Sign Off	Comptroller's:	_____
and Date	Shipping & Receiving:	_____
	Special Events:	_____
	TCS:	_____

**Please return this form when completed to Veronica Castillo, Comptroller's Office, CPO# 315**