**FIXED ASSET TRANSFER AUTHORIZATION FORM DATE:**

Instructions

1. Present owner of fixed assets to be transferred should fill out columns **1** through **5** and sign below column **5**.
2. Person receiving fixed assets should fill out column **6** and sign below.
3. Completed forms should be forwarded to **CENTRAL RECEIVING**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.****SRU Tag #** | **2.****SAP #** | **3.** **Item Name** | **4.****Serial Number** | **5.****PRESENT****Bldg & Room # Cost Center** | **6.****NEW****Bldg & Room # Cost Center** |
|       |       |       |       |       |       |       |       |
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 Approved by: Approved by:

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 Cost Center Supervisor Cost Center Supervisor

 (Transferring item) (Receiving item)