

**NSHE - COLLEGE OF SOUTHERN NEVADA
ASSET TRANSFER FORM**

DATE: _____

FROM: _____
(DEPARTMENT)

IT IS REQUESTED THAT THE FOLLOWING ITEM(S) BE MOVED ON/BY:

DATE: _____

CONTACT PERSON: _____ SORT CODE: _____ PHONE: _____

IT IS ESSENTIAL THAT ALL COLUMNS BELOW BE ACCURATE AND COMPLETE

CSN INVENTORY ASSET TAG NUMBERS (or serial number)	DESCRIPTION OF ITEM TO BE TRANSFERRED	CAMPUS	BLDG/ ROOM	TO: (If moving to Surplus or Salvage, just type "Surplus" or "Salvage")		TO BE COMPLETED BY RECEIVING STAFF ONLY				
				CAMPUS	BLDG/ ROOM	WORKDAY BA#	FUND/ PROGRAM	GRANT (Y/N)	Acquisition Date	Asset Cost

Department Approval to move or surplus/salvage items

Approval
Signature: _____ for movement or surplus/salvage
Manager, Dean, Director, Department Chair, AVP, VP or President

Print Name: _____ Removal of item(s) from department inventory

Please route to Facilities through the iService request and/or for furniture items - Sort Code: HNNT230

Approval
Signature: _____ for movement or surplus/salvage

Please route to the Office of Technology Services (OTS) for computer hardware and peripheral equipment - Sort Code NLVC2643

Moved by: _____ Approval Signature: _____
Print Name User Services Manager/Asset Manager

All CSN software removed by: _____ SNOW Case #: _____
Print Name PC's/MAC's removed from SCCM (must use service tag/serial#)

Route to Receiving after approval signatures attained- Sort Code NLVF110

For items changed or removed in inventory system
 Master Inventory Update

Received/Performed changes: _____ Approval AVP Purchasing _____ Date _____

Signature _____ Date _____ Approval Grants Office _____ Date _____

Approval Controller's Office _____ Date _____