Revised: 07/2025

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 NUMBER	SERIAL NUMBER	DESCRIPTION OF ITEM TO BE TRANSFERRED	FROM LOCATION:	TO: (If moving to Surplus or Salvage, input "Surplus" or "Salvage"	THIS SECTION TO BE COMPLETED BY RECEIVING STAFF ONLY				
			CAMPUS/BUILDING/ROOM	CAMPUS/BUILDING/ROOM	WORKDAY BA#	PROGRAM/FUND	GRANT (Y/N)	Acquisition Date	Asset Cost
Reason for surplus/salvage:									

Department Approval to move or surplus/salvage items

Approval Signature: _____
Manager, Dean, Director, Department Chair, AVP, VP or President

☐ **Check box for removal of item(s) from department inventory**

Print Name:

Route to Receiving after approval signatures attained- Sort Code NLVF110

For items changed or removed in inventory system

☐ **Master Inventory Update**

Received/Performed changes:

Inventory Control Signature Date

Approval AVP Purchasing Date

Approval Grants Office Date

Approval Controller's Office Date