

NSHE - COLLEGE OF SOUTHERN NEVADA
ASSET TRANSFER FORM

Date Form Completed: _____

FROM: _____
DEPARTMENT

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

Department Contact Person: _____ SORT CODE: _____ PHONE: _____

IT IS ESSENTIAL THAT ALL COLUMNS BELOW BE ACCURATE AND COMPLETE

| CSN INVENTORY ASSET TAG NUMBER(S) (or serial number) | DESCRIPTION OF ITEM TO BE TRANSFERRED | CAMPUS | BLDG/ ROOM | TO: (If moving to Surplus or Salvage, type "Surplus" or "Salvage" | TO BE COMPLETED BY RECEIVING STAFF ONLY | | | | |
|---|--|--------|---------------|---|---|-------------|------------------|----------------|---------------------|
| | | | | | CAMPUS/BLDG/ROOM | WORKDAY BA# | FUND/ PROGRAM | GRANT (Y/N) | Acquisition Date |
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Department Approval to move or surplus/salvage items

Approval

Signature: _____
Inventory Custodian (Manager, Dean, Director, Department Chair, AVP, VP or President)

Check box for removal of asset(s) from department inventory

Print Name: _____

Please route to Facilities by attaching to your iServiceDesk request or via interoffice to HNND311-122

Approval

Signature: _____

Print Name: _____

Please route to the Office of Technology Services (OTS) for computer hardware and peripheral equipment - Sort Code NLVA1787

Moved by (OTS Tech): _____
Print Name

Approval Signature: _____
User Services Manager/IT Asset Manager

All CSN software removed by: _____
Print Name

Ticket #: _____

Route to Receiving after approval signatures are attained - Email to Inventory.Control@CSN.EDU or interoffice to Sort Code NLVF110

Reviewed/Master Inventory Update.

Approval AVP Purchasing _____ Date

Manager Inventory Control Signature _____ Date

Approval Grants Office _____ Date

Approval Controller's Office _____ Date