

FIXED ASSETS DISPOSAL/TRANSFER FORM
Disposal or Transfer: (Please circle one)

Date of Disposal/Transfer: _____

Department Transferred to: _____

Check if Transferred to Unassigned Equipment: ☐

Fixed Assets (ETBU) Number: _____

Item Description: _____

Original Department: _____

Employee Name: _____

Date Form Completed: _____

Reason for disposal/transfer:

Please place sticker, if any, below:

To be used when transferring equipment from one department to another, not necessary when transferring within the same department.