NSU NOVA SOUTHEASTERN UNIVERSITY

Financial Operations: Fixed Assets

Transfer of Equipment Between Department

From: _____ **To:** _____

Department: _____ **Department:** _____

Activity/School Code: _____ **Activity/School Code:** _____

Room #: _____ **Room #:** _____

Phone: _____ **Phone:** _____

Date: _____ **Date:** _____

Responsible Person: _____ **Responsible Person:** _____

PRINT NAME PRINT NAME

Signature: _____ **Signature:** _____

NSU ID #: _____ **NSU ID #:** _____

This section below must be completed by the department transferring the equipment. However, both departments must sign the form. The receiving department must forward this form to the Fixed Assets Department.

NSU Tag Number	Description of item	Serial Number	Condition of Equipment

Revised 04/11/17