

SMU Transfer / Disposal Form

F.Y. _____ For Capital Assets Asset ID # _____

Fill in information below:

Date _____ SMU Tag Number _____

Asset Description _____

TRANSFER

Transferred From / Transferred To

Department _____

Building / Room _____

Custodian & Phone # _____

If being transferred off-site:

Custodian & Phone # _____

Mailing Address _____

Building / room # location _____

DISPOSAL

Check One Item:

_____ Asset Stolen DPS Incident Report # _____

For the following items, see the SMU Excess Property Policy # 12.7; Report to Purchasing Department PRIOR to taking these actions.

_____ Asset sold Amount Received \$ _____

_____ Asset scrapped

_____ Asset donated

_____ Other (explain below)

Explanation to support transfer or disposal:

Approvals:

Requestor Name _____ Phone # _____

Department Manager Signature _____

Print Name _____

Date _____

Please e-mail complete form to:

If e-mail is not available or attachment of tag is required, mail printed form and related information to:

Tamara Rogers

Asset Management, Expressway Towers 210-C

Box 233

Thank you!