Revised: 09/2019

NSHE - COLLEGE OF SOUTHERN NEVADA
ASSET TRANSFER FORM

FROM: _____ DATE: _____
(DEPARTMENT)

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

CONTACT PERSON: _____ SORT CODE: _____ PHONE: _____

IT IS ESSENTIAL THAT ALL COLUMNS BELOW BE ACCURATE AND COMPLETE

CSN INVENTORY ASSET TAG NUMBERS (or serial number)	DESCRIPTION OF ITEM TO BE TRANSFERRED	CAMPUS	BLDG/ ROOM	TO: (If moving to Surplus or Salvage, just type "Surplus" or "Salvage"		TO BE COMPLETED BY RECEIVING STAFF ONLY			
				CAMPUS	BLDG/ ROOM	FUND/ PROGRAM	GRANT (Y/N)	Acquisition Date	Asset Cost

Department Approval to move or surplus/salvage items

Approval Signature: _____ for movement or surplus/salvage
Manager, Dean, Director, Department Chair, AVP, VP or President

Print Name: _____ ☐ Removal of item(s) from department inventory

Please route to Facilities through the iService request and/or for furniture items - Sort Code: HNDT230

Approval Signature: _____ for movement or surplus/salvage

Please route to the Office of Technology Services (OTS) for computer hardware and peripheral equipment - Sort Code NLVC2643

Moved by: _____ **Approval Signature:** _____
Print Name — User Services Manager/Asset Manager

All CSN software removed by: _____
Print Name

SNOW Case #: _____

_____ **PC's/MAC's removed from SCCM (must use service tag/serial#)**
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: _____ Approval AVP Purchasing Date

_____ _____ Approval Grants Office Date
Signature Date

_____ Approval Controller's Office Date