

**ASSET / EQUIPMENT  
TRANSFER**

DATE: \_\_\_\_\_  
(MM/DD/YY)

ASSET NUMBER	DECAL NUMBER	DESCRIPTION	PURCHASE PRICE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL ITEMS* _____		TOTAL COST* _____	

\* ATTACH SEPARATE LISTING IF NECESSARY

**FROM:**

BUILDING CAMPUS: LE BUILDING: \_\_\_\_\_  
 ROOM/FLOOR: \_\_\_\_\_  
 OTHER LOCATION: \_\_\_\_\_  
 AVAILABILITY: \_\_\_\_\_  
 ACCOUNT NUMBER: \_\_\_\_\_  
 ASSET FO: \_\_\_\_\_  
 ASSET CAMPUS: \_\_\_\_\_  
 ASSET REPRESENTATIVE: \_\_\_\_\_

**TO:**

BUILDING CAMPUS: \_\_\_\_\_ BUILDING: \_\_\_\_\_  
 ROOM/FLOOR: \_\_\_\_\_  
 OTHER LOCATION: \_\_\_\_\_  
 AVAILABILITY: \_\_\_\_\_  
 ACCOUNT NUMBER: \_\_\_\_\_ (FOR TRANSFER TO ANOTHER CAMPUS, N/A FOR LEEWARD CC)  
 ASSET FO: \_\_\_\_\_  
 ASSET CAMPUS: \_\_\_\_\_  
 ASSET REPRESENTATIVE: \_\_\_\_\_

SIGNATURES:

ASSET REPRESENTATIVE: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 FISCAL OFFICER: \_\_\_\_\_  
 F.O. #: \_\_\_\_\_  
 DATE: \_\_\_\_\_

SIGNATURES:

ASSET REPRESENTATIVE: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 FISCAL OFFICER: \_\_\_\_\_  
 F.O. #: \_\_\_\_\_  
 DATE: \_\_\_\_\_

FOR O&M USE ONLY

KFS DOC NUMBER: \_\_\_\_\_  
 DATE: \_\_\_\_\_