UH-LEEWARD COMMUNITY COLLEGE FORM 74 (REV 4/14/23)

UNIVERSITY OF HAWAI'I

ASSET / EQUIPMENT TRANSFER

DATE:		
	(MM/DD/YY)	

ASSET NUMBER	DECAL NUMBER	NUMBER DESCRIPTION			PURCHASE PRICE
TOTAL ITEMS * ATTACH SEPARATE LISTIN	IC IF NECESSARY			TOTAL COST*	
FROM:	NO II NEGEGOARA		TO:		
· · · · · · · · · · · · · · · · · · ·	LE BUILDING:		BUILDING CAMPUS:		BUILDING:
ROOM/FLOOR:			ROOM/FLOOR:		
	_		OTHER LOCATION:		
AVAILABILITY:			AVAILABILITY:		_
ACCOUNT NUMBER:	<u> </u>		ACCOUNT NUMBER:		(FOR TRANSFER TO ANOTHER CAMPUS, N/A FOR LE CC)
ASSET FO:	<u> </u>		ASSET FO:		_
ASSET CAMPUS:			ASSET CAMPUS:		
ASSET REPRESENTATIVE:			ASSET REPRESENTATIVE	:	-
SIGNATURES:			SIGNATURES:		
ASSET REPRESENTATIVE:			ASSET REPRESENTATIVE:		
	_				
FISCAL OFFICER:			FISCAL OFFICER:		
F.O. #:			F.O. #: _		
DATE:			DATE:		
FOR O&M USE ONLY					
KFS DOC NUMBER:					
DATE:	<u> </u>				