

CALIFORNIA STATE UNIVERSITY LONG BEACH FOUNDATION

6300 East State University Drive, Suite 332, Long Beach, CA 90815

FIXED ASSET TRANSFER SHEET

Fixed Asset ID: _____ Project Number: _____

Description of Fixed Asset: _____

Current Project Director: _____ Signature: _____

Party Requesting Transfer: _____

Current Location: _____

Reason for Transfer: _____

Location Transferred to: _____

Transfer to new Project#: Yes No If yes, please provide new Project#: _____

Length of Time: Permanent Temporary Length of Project: _____ Other: _____

Expected Return Date: _____

New Project Director: _____
Name (Please print or type)

Signature: _____ Date: _____

Dean/ASM Approval: _____
Name (Please print or type)

Signature: _____ Date: _____

Transfer Verified: _____ Date: _____
IST Coordinator