



CAPITAL ASSET TRANSFER

OFFICE OF THE AUDITOR-CONTROLLER

For intra-departmental and inter-departmental use. Both signatures are required when transferring an asset from one department to another. Submit completed form to the Auditor-Controller, Mail Stop #1050.

**SPM FORM
AM - 6**

TRANSFER AUTHORIZATION		TRANSFER OUT	
		Effective Date	Asset Number
Department Name			Business Unit
Department Head or Authorized Designee Signature	<i>Provide the information above, authorized signature, and forward to the department receiving the asset.</i>		
Date			

ACKNOWLEDGEMENT OF RECEIPT		TRANSFER IN	
		Acquisition Date	Asset Number
Department			Business Unit
Department Head or Authorized Designee Signature	Description		
Date			

Asset Class/Category	Acquisition Code	New Financing Code	New Class/Location	Serial Number

Model Number	Amount	Purchasing Authority No.

New Fund	New Dept ID	New Account	New Program	Fiscal Year

New Project/Grant	Profile ID	New Book

New Salvage Value	New Service Date	New Useful Life	New DEPR Method

Prepared By (Print Name) _____ Date _____ Phone _____

Auditor-Controller's Use

System Updated By:	Initials	Date