NJCU | NEW JERSEY CITY UNIVERSITY

INVENTORY TRANSFER/DISPOSAL FORM
PLEASE PRINT ALL INFORMATION

Asset Description _____

Tag Color: ☐ Green   ☐ Blue   ☐ Red   ☐ Brown   ☐ JCSC Silver   ☐ JCSC Green

Tag # _____   **Seria**l # _____   **Work Order #** _____

Requester Name: _____   **Ext: #** _____

Department Name: _____

Reason for Transfer / Disposal: _____

CHECK ONE: ☐ **TRANSFER:**   ☐ **DISPOSAL**
FROM: **TO:**

BLDG _____   BLDG _____

ROOM _____   ROOM _____   **DISPOSED**

DEPT _____   DEPT _____

FORM MUST BE AUTHORIZED BY FACILITIES AND CONSTRUCTION MANAGEMENT (FCM)

Requester's Authorization _____ **Date** _____
(Please Print)   (Last Name)   (First Name)   (Initial)

Supervisor Authorization _____ **Date** _____
(Please Print)   (Last Name)   (First Name)   (Initial)

FCM Management Authorization _____ **Date** _____
(Please Print)   (Last Name)   (First Name)   (Initial)

IT Authorization (For Electronics) _____ **Date** _____
(Please Print)   (Last Name)   (First Name)   (Initial)

Please return this form to the Fixed Asset Office located in Hepburn Hall Rm 102

CONTROLLER'S OFFICE USE ONLY

AUTHORIZED BY _____ **DATE** _____

IS THIS PROJECT GRANT FUNDED?   ☐ **YES**   ☐ **NO**

DISPOSED/TRANSFERRED BY _____ **DATE** _____
(HOUSEKEEPING STAFF) - (PLEASE RETURN TO CONTROLLER'S OFFICE)