



Information Technology Division
Office (671) 647-7634 Fax (671) 649-4320
ASSET TRANSFER REQUEST FORM

GWA Tag no: _____ Transfer Date: _____
 Make: _____ Model: _____ Serial No.: _____
 Description: _____ Reason for Transfer: _____

| Transfer From | Transfer To |
|-------------------------------------|-------------------------------------|
| Employee Name: | Employee Name: |
| Badge No: | Badge No: |
| Division: | Division: |
| Location: | Location: |
| Equipment Description: | Equipment Description: |
| | |
| | |
| Condition (Good, Fair, Poor, etc.): | Condition (Good, Fair, Poor, etc.): |
| Justification: | Justification: |
| | |
| | |
| | |
| Approved By: | Approved By: |
| Print Name: | Print Name: |
| Signature: | Signature: |

Comments: _____

| FOR INFORMATION TECHNOLOGY USE ONLY | |
|--|--|
| Completed By: | |
| Date: | |
| IT Inventory Updated: | |

Comments: _____
