



Capital Asset Disposition/ Transfer Form

Instructions: This form should be use to notify General Accounting any time a capital/fixed asset is disposed, lost, stolen, or transferred to another department, has a change in location, or custodian. Send completed form to General Accounting via e-mail at genaccting@drexel.edu or via interoffice mail to 1505 Race Street, MS1064, 9th Floor, Bellet Building. For questions contact 215-895-1429.

Select which Chart of Accounts the Account Code is being requested for :

Asset Tag Number:

Name of building here asset was/is located:

Room Number:

Department Name:

Org #

Asset Description:

Manufacturer:

Serial Number:

Custodian Name:

DISPOSALS

Please complete the applicable sections below if you have disposed of the asset described above.

1.) Select the type of disposition from the list to the right:

TRADE-IN OF ASSET

2.) If asset was traded-in to acquire a new asset, please provide the following:

Trade-in Allowance amount:

New Asset Description:

New Asset Manufacturer

New Asset's Building Location:

New Asset Model #:

New Asset Room #:

New Asset Serial #:

SALE OF ASSET

If asset was sold, please provide the following:

Asset Sold to:

Date of Sale:

Amount of Sale:

Please attach any receipts or pertinent documents related to the sale including copy of the check from purchaser.

THEFT

If asset was stolen, please provide the following:

Date asset was discovered missing:

Date asset was reported to Campus Police:

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If asset was just no longer functioning or being used, please provide the following:

Date asset disposed:

ASSET LOCATION IS UNKNOWN

If asset can not be located, after department has made attempts to locate, the department head or dean must approve this Capital Asset Disposal/Transfer form below.

Date asset was declared disposed by department:

Approvals - Disposals Only

Custodian Name: **Signature:** **Date:**

Dept Head/Dean: **Signature:** **Date:**

ASSET TRANSFERS

Please complete the applicable sections below if you have transferred the asset to another department, location or custodian.

From Department Name:

From Org #

From Building Name:

From Room #:

From Custodian Name: **Signature of From Custodian:**

Date Asset Transferred:

To Department Name:

To Org #

To Building Name:

To Room #:

To Custodian Name: **Signature of To Custodian:**

For Comptroller's Office Use Only

Date Form Received:

Date Entered in Banner:

Initials: