



FIXED ASSET RELOCATE FORM

Submitted By: _____ Effective Date: _____

Authorized Signature: _____ Date: _____

Asset Tag Number: _____

Description: _____

Manufacturer: _____

Model: _____ Serial Number: _____

Original Site: _____ Building: _____ Room: _____

New Site: _____ Building: _____ Room: _____

Submit One Copy to Warehouse
Retain One Copy for Site Records