

ASSET RELOCATION FORM

(To be completed by NWESD 189 Employee with current assigned custody)

Tag Number

Description

If relocating an asset to or from storage, please use "Storage" as the new or old "Program," as applicable.

Asset transferred by Department _____ **Program** _____ :

Signature

Date

Custody accepted by Department _____ **Program** _____ :

Signature

Date