Galveston County Health District

Asset Transfer Form

Updated 11/7/15

To: Accounting **Date:** _____

From: _____
Asset Custodian

Re: Please amend the inventory to reflect the following change(s) due to TRANSFER

Transfer: _____ _____
Asset # **Serial or VIN #**

Description:

From: _____ **Location:** _____
Program Area & Employee

Approved: _____ **Date:** _____
Program Manager

To: _____ **Location:** _____
Program Area & Employee

Approved: _____ **Date:** _____
Program Manager

ACCOUNTING USE ONLY

Received By: _____ **Date Received:** _____

Form completed by Asset Custodian-forward to Accounting.

Print Form