## **FAS-1 Form-UNCP**

A. Change in location of fixed asset:

## **Request for adjustment of Fixed Asset Inventory**

Fill in all applicable fields and email or fax form to Fixed Assets Coordinator in the Controller's Office.

Email: Asset.Management@uncp.edu o

Fixed Asset Number	Description	From		То		Effective Date
		Building	Room	Building	Room	
_	description of fixed asset:					
Fixed Asset Number	Existing Description	Revised Description				Effective Date
0.0						
1. Cannibaliza	f fixed asset from the inventory reco tion 2. Obsolete 3. Missing or Sto		nsferred to And	other Institution/	Department 5	. Trade-In
Fixed Asset Number	Description	Location			Reason (From Above)	
-	ents for defective equipment under w					
Fixed Asset Number	Description	Serial Number		Location		Effective Date
		Defective	New			
			1	1		1

Completed by:

(Signature of Department Chair/Designee)

Approved by:

(Signature of Fixed Assets Coordinator)

Approved by:

(Signature of Receiving Institution/Department)