UNIVERSITY OF HAWAIʻI

FMIS-74

EQUIPMENT TRANSFER

(See reverse side for instructions)

DATE: ____/____/____ (MM/DD/YY)

T_____ (FO Code + 3 digits)

ASSET NO.	DECAL NO.	DESCRIPTION	COST

TOTAL ITEMS* _____ TOTAL COST* 0.00

* ATTACH SEPARATE LISTING IF NECESSARY

FROM:

BUILDING CAMPUS: _____ BUILDING: _____

ROOM/FLOOR: _____

OTHER LOCATION: _____

AVAILABILITY: _____

SL ACCOUNT CODE: _____

ASSET FO: _____

ASSET CAMPUS: _____

OWNERSHIP/TITLE: _____

CUSTODIAN NAME: _____

TO:

BUILDING CAMPUS: _____ BUILDING: _____

ROOM/FLOOR: _____

OTHER LOCATION: _____

AVAILABILITY: _____

SL ACCOUNT CODE: _____

ASSET FO: _____

ASSET CAMPUS: _____

OWNERSHIP/TITLE: _____

CUSTODIAN NAME: _____

SIGNATURES:

CUSTODIAN: _____

DATE: _____

FISCAL OFFICER: _____

F.O. #: 060

DATE: _____

SIGNATURES:

CUSTODIAN: _____

DATE: _____

FISCAL OFFICER: _____

F.O. #: _____

DATE: _____

FOR PFMO USE ONLY

EXEC LEVEL: _____ DIVISION: _____

SCHOOL: _____ DEPT: _____

FOR PFMO USE ONLY

EXEC LEVEL: _____ DIVISION: _____

SCHOOL: _____ DEPT: _____

Origination Date: 07/15/99

Revision Date: 02/18/00