



WSU Property Management  
6050 Cass Ave. Rm. 238  
Detroit, Michigan 48202

(313) 577-0528  
(313) 577-9639 FAX

### Asset Activity Transmittal Form

#### Section I: Department Transfers

| Releasing Department   |              | Receiving Department                  |              |
|--|--------------|---------------------------------------|--------------|
|  |              |                                       |              |
| Equipment Location/Bldg  | Room #       | Equipment Location/Bldg               | Room #       |
|  |              |                                       |              |
| Contact Person   | Phone Number | Contact Person                        | Phone Number |
|  |              |                                       |              |
| Description of Asset   | Tag Number   | Bldg / Room #                         |              |
|  |              |                                       |              |
|  |              |                                       |              |
|  |              |                                       |              |
| <input type="checkbox"/> On Campus   |              |                                       |              |
| <input type="checkbox"/> Off Campus (Please provide the following for Off Campus transfers, must be approved by Chairman, Dean, or Director) |              |                                       |              |
| Institution Name/Address   | Phone Number | Signature of Chairman/ Dean/ Director |              |
|  |              |                                       |              |

#### Section II: Enhancements, Trade Ins, Stolen Equipment

|                                      |            |               |                                  |
|--------------------------------------|------------|---------------|----------------------------------|
| <input type="checkbox"/> Enhancement | Tag Number | P.O. Number   | Comments                         |
|                                      |            |               |                                  |
| <input type="checkbox"/> Trade-in    | Tag Number | P.O. Number   | Comments                         |
|                                      |            |               |                                  |
| <input type="checkbox"/> Stolen      | Tag Number | Date Reported | **Police Report Number/ Comments |
|                                      |            |               |                                  |

\*\*Please Note: A copy of the police report for all stolen equipment should be sent to the Property Office.

| Authorized Signature | Title/Department | Phone Number |
|----------------------|------------------|--------------|
|                      |                  |              |