

Capital Assets Change of Ownership Form

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Date:	

Please refer to SAIT Procedures FN 14.1.2 Management of Capital Assets

Email the approved form to: capital.assets@sait.ca

The Originating Department is responsible for contacting Facilities Management to move the assets.

If the asset list is longer than the spaces provided please attach a list in Excel format.

Capital Assets use only Completed Date:
Initials

Asset Tag Number		Asset Description	Current Roo	m# New Room#
riginator: :hool/Department				
School/Department Contact			Phone	2:
ean/Director Approval	:			
Name (please print/t		Signature		Date
<u>eceiver:</u>	Γ			
chool/Department				
:hool/Department Con	ıtact		Phone	2:
ean/Director Approval	:			
	Name (please print/ty	De) Signature		Date