



# Capital Assets Change of Ownership Form

Date:

Please refer to SAIT Procedures [FN 14.1.2 Management of Capital Assets](#)

Email the approved form to: [capital.assets@sait.ca](mailto: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 Room # | New Room # |
|------------------|-------------------|----------------|------------|
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**Originator:**

School/Department: \_\_\_\_\_

School/Department Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Dean/Director Approval: \_\_\_\_\_

\_\_\_\_\_  
Name (please print/type)                      Signature                      Date

**Receiver:**

School/Department: \_\_\_\_\_

School/Department Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Dean/Director Approval: \_\_\_\_\_

\_\_\_\_\_  
Name (please print/type)                      Signature                      Date