

**HAND COUNTY ASSET MANAGEMENT
INTERDEPARTMENTAL TRANSFER OF ASSET**

INSTRUCTIONS: Please use this form only to record a transfer to another department or office. Do not use it for any other purpose.

To the auditor of Hand County:

Please reassign the following asset(s) which is currently in my possession or control, to wit:

Data from the Inventory Report			
GEN ENTRY	CLASS CODE	SERIAL NUMBER	SHORT DESCRIPTION
GEN			

to the care, custody and control of the _____ Office / Department.

Dated this _____ day of _____, 202__

Signature of Department / Office head.

I, _____, representing the _____ Office / Department hereby acknowledge receipt of the sited assets and hereby indicate my request to have the reference assets added to the inventory of the _____ Office / Department.

Dated this _____ day of _____, 202__

Signature of Department / Office head.

Received in the Auditor's Office this _____ day of _____, 202__ by:

Auditor / Deputy Auditor

Entered into the Asset Management system this _____ day of _____, 202__ by:

Auditor / Deputy Auditor