



School City of Mishawaka

Asset Change Form

BASIC ASSET INFORMATION

Asset Tag Number _____

New Asset Tag Number *(if applicable)* _____

Description _____

Manufacturer _____

Serial Number _____

PHYSICAL LOCATION

New Building _____

New Room _____

Person Assigned To _____

ADDITIONAL NOTES/COMMENTS:

Person Initiating Transfer

Transfer Date

Principal's Signature

Name

Date

Date Entered into Fixed Asset Program _____ Initials _____