

State Of Tennessee
Interdepartmental Capital Asset Ownership Transfer
(Both Agencies' Signatures Are Required for Form Completion)

Transferor Agency

Business Unit Name _____

Business Unit Number _____

 Printed Name of Asset Custodian

 Signature/Date

Ownership of the capital asset(s) listed below has been transferred out of my department. All state and federal requirements applicable to this transfer have been followed and necessary general ledger accounting entries have been recorded, if applicable (e.g., billings, IUs). Note, in the case of most general equipment transfers no accounting entries are required to be processed. (TCA 12-2-420)

 Printed Name of Chief Fiscal Officer

 Signature/Date

Edison Asset ID	Asset Value	Asset Description

(attach additional listing if necessary)

Transferee Agency

Business Unit Name _____

Business Unit Number _____

The transfer of the capital asset(s) to my department should be recorded with the following information.

Fund _____

Department ID _____

Location Chartfield _____

Program _____

 Printed Name of Asset Custodian

 Signature/Date

Ownership of the capital asset(s) listed above has been transferred into my department. All state and federal requirements applicable to this transfer have been followed and necessary general ledger accounting entries have been recorded, if applicable (e.g., billings, IUs). Note, in the case of most general equipment transfers no accounting entries are required to be processed. (TCA 12-2-420)

 Printed Name of Chief Fiscal Officer

 Signature/Date

Electronically Send Completed Form To: Department of Finance and Administration, Division of Accounts, Asset Management Section
 Email Address: (AGAssetManagement@tn.gov)