## CAPITAL ASSET TRANSFER-IN NOTIFICATION

Rensselaer Polytechnic Institute Controller's Office Proctors Building - 3rd Floor 90 Fourth St. Troy, NY 12180

Requestor Name		Date
Department		Telephone No.
List the requested ACTION in Se	ection I using the code listed below	<i>y</i> ; Sign in <b>Section II</b> , as applicable.
T4 TRANSFER - from another University		
SECTION I: CAPITAL ASSET INFORMATION  If more than one asset – please attach list (in Excel format) with information requested below		
Action		
Description		
Location		
Purchase Cost		
Purchase Date		
Responsible Person		
Serial Number		
Q.E.	ECTION II: APPROVAL SIGNATU	DEC
I (We) certify that the location change and/or disposition constitutes Institute business and will assume responsibility for the capital assets listed.		
Approved by:	Typed/Printed Name	Signature and Date
Originating Dept. Chair/Director		
Receiving Dept. Chair/Director		
Contracts and Grants		
Controller's Office		
For Controller's Office Use Only		
	Date:	
Record changed by:	Date.	
Record changed by: File Reference/Notes:	Date.	