ASSET TRANSFER FORM

KIM R. PEREZ, AUDITOR

CITY OF CANTON, OHIO

ASSET NUMBER	TRANSFERRED FROM ORGAN. CODE	TRANSFER TO ORGAN. CODE	NEW LOCATION			DESCRIPTION	INTERNAL USE ONLY	
			BLDG.	FLOOR	ROOM		POSTED BY	DATE MM/DD/YY

DEPT. NAME _____ PREPARED BY _____ RELEASING DEPT. SUPV. _____ DATE

DEPT. NAME _____ RECEIVED BY _____ RECEIVING DEPT. SUPR. _____ DATE

O.R.C. 733.12

AUDITOR

PROPERTY OFFICER _____ DATE