

State of Tennessee
Interdepartmental Sensitive Non-capital Asset Ownership Transfer Form
(Both Agencies Signatures Are Required For Form Completion)

Transferor Agency

Name

BU Number

Printed Name of Asset Custodian

Signature/Date

Ownership of the sensitive non-capital asset(s) listed below have been transferred out of my department. All state & federal requirements applicable to this transfer have been followed, & necessary general ledger accounting entries recorded.

Printed Name of Chief Fiscal Officer

Signature/Date

Asset ID	Asset Value	Asset Description
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

(attach additional listing if necessary)

Transferee Agency

Name

BU Number

Printed Name of Asset Custodian

Signature/Date

Ownership of the sensitive non-capital asset(s) listed above have been transferred into my department. All state & federal requirements applicable to this transfer have been followed, & necessary general ledger accounting entries recorded.

Printed Name of Chief Fiscal Officer

Signature/Date

Send Completed Form To: Department of Finance and Administration, Division of Accounts