



City of Monroe
Fixed Asset
Transfer / Surplus Sheet
(Circle either transfer or surplus)

<i>From:</i>			
Name:		Department:	
Asset Tag #:		Serial Number:	
Description:			

<i>To:</i>			
Name:		Department:	
Location:			
Reason:			

Director of Finance and Administration

Approved (Y/N)

Signature _____

Administrative Services Manager

Entered Fixed Assets

Signature _____

___/___/___