



INVENTORY TRANSFER FORM

Inventory Item to Transfer

Item Description _____ Date _____

Manufacturer or Brand Name _____ Serial Number _____ Revenue Tag Number _____

Transferred To

New Custodian Printed Name * _____ Signature of New Custodian _____
(Employee, branch, area or project) (When possible)

*Failure to list new custodian will result in old custodian being listed in system.

Division Printed Name _____ Branch/Field Office Printed Name _____

Building Printed Name _____ Authorized By _____

Please fill out form as completely as possible to ensure accuracy of transfer.

A transfer form is required when an inventory item is being transferred from a branch, field office, director's office, or commissioner's office.

Submit completed form to Finance and Administration Cabinet, Division of Administrative Services, 702 Capital Avenue, Room 188, Frankfort, KY 40601; or call 502-564-6937, fax 502-564-2613.

Use Surplus Form, 10A121, for disposal of inventory items.

For Support Services Branch Use Only

MARS FC Document Number _____ Date _____ Processed By _____

Instructions for Completing Inventory Transfer Form, 10A120

The Division of Administrative and Support Services, Support Services Branch is responsible for the proper accounting and record keeping of Department of Revenue assets, as required under KRS 45.313 and KRS 45A.045. The Inventory Transfer Form and Instructions have been developed and designed to follow the guidelines established by the Finance and Administration Cabinet's Policy and Procedure Manual for Property Management (BO-120-20-01 and 02) and Record Keeping (BO-111-28-00).

Information Needed to Transfer Inventory Item

- **Item Description (Required)**

Brief description that best summarizes inventory item.

Example: Conference Table—Large oak wood or Computer—Desktop PC

- **Date (Required)**

Current Date (mm, dd, yy)

- **Manufacturer or Brand Name (Preferred but optional)**

- **Serial Number (Required, if available)**

Required Field. Item's manufacturer assigned identification number.

- **Revenue Tag Number (Required, if available)**

Commonwealth of Kentucky, Department of Revenue tag number assigned to inventory item (5-digit number) on a bar-coded sticker. Tag is normally on upper left front.

- **New Custodian Printed Name (Required)**

Employee name (when possible). If not assigned to an employee, specify branch, work area or project to which item is assigned. Failure to list new custodian will result in old custodian being listed.

- **Signature of New Custodian When Possible (Optional)**

- **Division Printed Name (Required)**

- **Branch/Field Office Printed Name (Required)**

- **Building Address Printed Name (Required)**

- **Authorized By (Required)**

Department of Revenue employee or contractor handling the transfer.

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