AGENCY
ORG:1_____

RECEIVING OFFICE/FACILITY

_____

``

_____

Signature

ASSET ACTIVITY FORM

Add
Modify
Delete

Transfer

Page
Number

_____

2:Bar Code Number	WVFIMS Org Code	3. Acq. Method	4: WVFIMS Document Number	5:Det. Code	6: Acquisition Date	7:Asset Type	8: Value	9: In Service Date	10:Qty	11: Description	Commd Code	AHA Life Exp	12: Location - Address	County	Bldg. Number	Room Number	13: Serial Number	14: Model	15: Make	16: MFG

I hereby certify that the above items are to be transfered and that the above information is correct.

_____
Authorized Signature

I hereby certify that the above items have been transfered and the above information is correct

_____

Authorized Signature