

**NFTA / NFT Metro
Request To Transfer A Capital Asset**

Asset Information (to be completed by the "Original" Department Manager Owner

Asset Description _____

Serial # or Model # _____

Date Which Vehicle Title / License Plates Were Provided to Risk Management _____

"Original Department" Owner Information

NFTA or Metro? _____

Division / Department Name _____

Department Manager Approval _____ Date _____

General Manager Approval _____ Date _____

"New Recipient Department" Owner Information

NFTA or Metro? _____

Division / Department Name _____

Department Manager Approval _____ Date _____

General Manager Approval _____ Date _____

To Be Completed by Accounting Department

Grant Funding Description: _____

Asset Number _____

Date of Purchase _____

Asset Life _____

In Service _____

Out Service _____

NFTA% _____ Grant % _____

Historical Cost

Accum Depr. at Beg of Year

Depreciation during current year

Net Book Value (NBV) As of _____

Total

	Our Cost	Contributions		Combined Cost
		Local Grant	Federal Grant	
Historical Cost				
Accum Depr. at Beg of Year				
Depreciation during current year				
Net Book Value (NBV) As of _____				
Total				

Manager of Grants Approval _____ Date _____

Completed Copy to:

- Department Manager
- Grants Manager
- Risk Management Manager