



# OCONEE COUNTY, SC BUILDINGS CAPITAL ASSET TRANSFER FORM

Please enter  
Asset Tag #  
\_\_\_\_\_

**Submitting accurate and timely forms is crucial to providing Council, the Administrator, management, and others with the accurate financial reports.  
PLEASE PROCESS PROMPTLY!**

Complete all applicable sections below and submit to the Finance Department for all **BUILDING** transfers between departments.  
Both departments must sign the transfer form prior to submitting the original to Finance.

Location/Address: \_\_\_\_\_ Tax Map #: \_\_\_\_\_

Year Constructed: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Construction Type/Material: \_\_\_\_\_

Condition: \_\_\_\_\_

Additional Notes/Comments: \_\_\_\_\_

**Transferring Department ONLY**

Transferring Department	Dept. #
Authorized Signature	Date

**Receiving Department ONLY**

Receiving Department	Dept. #
Location Code: _____ Building Code: _____ <small>Contact Finance for available Location and Building codes:</small>	
Authorized Signature	Date

**Finance Use ONLY**

Entered in CSI by: _____	Date: _____
Finance Notes: _____	