



Fixed Assets Accounting

Request for Change in Custodian

Change Add an additional custodian

Department Name _____

Department Number _____

Old Custodian _____ N/A if
an additional

New Custodian _____

Reason for Change

Department Representative

Signature

Mail to: Box 843035
FAX: 8-1404

Fixed Assets Accounting:

Number Assigned _____

Date of Training _____

DBD Update _____