

FREMONT UNION HIGH SCHOOL DISTRICT

EQUIPMENT TO BE MOVED

Date _____

Dept. Chairperson

Signature _____

Principal

Signature _____

This form is to be completed by the school transferring the item (s). A separate form must be completed for each Receiving Department

School (Location) _____

Department _____

Page _____

TAG No.	Equipment moved from ROOM No. *	Description	MOVED TO		
			School (location)	Department	Room No. *
<i>EXAMPLE: 59201</i>	<i>501</i>	<i>Typewriter, Electric, Selectric, IBM</i>	<i>Lynbrook</i>	<i>Business</i>	<i>27C</i>

*NOTE: If room is not numbered, refer to Room Index.

Distribution: White: District Business Office
 Canary: Principal
 Goldenrod: Department Chairperson
 Pink: Destination Location

Signature of Dept. Chairperson receiving the item (s) _____