



TRANSFER FIXED ASSET FORM

School/Department Name: _____

Transfer requested by: _____ Request Date: _____

Building Location: _____ Location of item _____

Fixed Asset Tag #: _____

Asset Description: _____

*(IMPORTANT: Complete section below- if no serial # put N/A)

*MAKE: _____

*MODEL: _____

*SERIAL: _____

Condition of Asset: _____

Authorized Signature: _____ Date: _____

(Check one)

_____ Date Transfer form mailed scanned to Finance Attn: Carrie Blackwell

TRANSFER FROM: _____

TRANSFER TO: _____

_____ Print name of person that completed the transfer Date

District Office use only.

_____ Date scanned to MAINTENANCE OR TECH. Dept. for transfer

_____ Date form was received after transfer was completed

Date removed from iVisions inventory: _____ by: _____

Item not listed _____

Revised 9/13/2021