



MARICOPA UNIFIED SCHOOL DISTRICT NO. 20
AUTHORIZATION TO TRANSFER EQUIPMENT

Date _____

From:
 School _____
 Department _____
 Location _____

To:
 School _____
 Department _____
 Location _____

Tag Number	Serial Number (if any)	Description (Include Model Number)

Notes on Transfer: _____

Signature _____ Date _____
 Department Head/Principal Sending

Signature _____ Date _____
 Department Head/Principal Receiving

FOR BUSINESS OFFICE USE ONLY	
Location updated on capital assets or stewardship list	Initials _____ Date _____