FIXED ASSET TRANSFER FORM

PROPERTY CONTROL -Central Office

SCHOOL/DEPARTMENT_____ **LOCATION #** _____
(Sending Location)

Completed By_____ Position _____

WHERE ARE THE ASSET(S) BEING TRANSFERRED TO?

Name of Location: _____

Reason for transfer: _____

1. Were asset(s) being used for a "special program"? Yes ( ) or No ( )
2. If question #1 is yes, will the asset(s) continue to be used for the same program? Yes ( ) or No ( )
3. Name of Program Supervisor/Coordinator granted permission for transfer. _____

List below the items to be transferred from your location. Only one "receiving location" per form.

Item No.	TAG NUMBER	DESCRIPTION	SERIAL NUMBER
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Authorized signature of Sending Location: _____
Principal/Department Head

Date of Transfer: _____

SECTION OF RECEIVING SCHOOL/DEPARTMENT

(Based on the item numbers referenced above, provide the building and room numbers below.

Item No.	Building Number	Room Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Authorized signature of Receiving Location: _____
Principal/Department Head

Date of Transfer: _____

AFTER THE FORM IS COMPLETED, SEND ALL PARTS TO PROPERTY CONTROL.