ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
FIXED ASSET TRANSFER AUTHORIZATION

Date: _____

Transfer to: _____ Organization No. _____

Transfer from: _____ Organization No. _____

*ECISD Tag Number	Description of Equipment

Special instructions:

_____

_____

Signatures:

Requesting Official: _____ Delivering Agent: _____

Fixed Assets Manager: _____ Receiving Agent: _____

*Note: If the item does not have a tag and never had one affixed, you should write NONE in the first column.
Note: Send white and yellow copy to Fixed Assets Office, keep pink copy for your records.