



Hazlehurst City School District

Excellence is the Expectation

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FIXED ASSETS

Asset Transfer Form

(Complete and return to Central Office for **ALL** inventory transfers)

Please Check One: ____ Temporary Transfer ____ Permanent Transfer

FROM: _____
(Employee's Name Printed)

TO: _____
(Employee's Name Printed)

(Department/School)

(Department/School)

(Room Number/Location)

(Room Number/Location)

Signature Date

Signature Date

INVENTORY #	DESCRIPTION OF ITEM	SERIAL #

____ Approved ____ Denied Campus Asset Manager: _____
Signature Date

To Be Completed At Time Of Physical Transfer Of Inventory

I am transferring all responsibility for the above inventory item(s) _____
(Employee Transferring Inventory)

I accept responsibility for the above inventory item(s) _____
(Employee Receiving Inventory)

Date Transfer Completed _____