FIXED ASSET TRANSFER

TO BE COMPLETED AND SUBMITTED TO THE BUSINESS OFFICE
AT THE TIME OF TRANSFER
ONE ITEM PER FORM

ASSET NUMBER:_____

ITEM DESCRIPTION:_____

SERIAL NUMBER:_____

TRANSFER FROM: **TRANSFER DATE:** _____

SCHOOL & BUILDING:_____

TEACHER NAME & ROOM NUMBER:_____

_____

STAFF MEMBER/TEACHER SIGNATURE **(SENDING)** DATE

_____

APPROVED BY PRINCIPAL/SUPERVISOR **(SENDING)** DATE

TRANSFER TO:

SCHOOL & BUILDING:_____

TEACHER NAME & ROOM NUMBER:_____

_____

STAFF MEMBER/TEACHER SIGNATURE **(RECEIVING)** DATE

_____

APPROVED BY PRINCIPAL/SUPERVISOR **(RECEIVING)** DATE

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

DATE ENTERED INTO INTEGRITY ACCOUNTING SOFTWARE: _____

POSTED BY:_____

FIXED ASSET FORM B

Revised August 18, 2015