

FIXED ASSET TRANSFER

TO BE COMPLETED AT TIME OF TRANSFER
ONE ITEM PER FORM

ASSET NUMBER: _____

ITEM DESCRIPTION: _____

SERIAL NUMBER: _____

TRANSFER FROM: _____

TRANSFER TO: _____ ROOM NUMBER: _____

DATE OF TRANSFER: _____

APPROVED BY PRINCIPAL/SUPERVISOR (**SENDING**): _____

PERSONNEL TRANSPORTING ASSET: _____

SIGNATURE: _____ DATE: _____

APPROVED BY PRINCIPAL/SUPERVISOR (**RECEIVING**): _____