CANYONS SCHOOL DISTRICT

Equipment Transfer

Page _____ of _____

Pickup Room #: _____

Prepared By: _____ School Name: _____ Location #: _____

Quantity	Description	Manufacturer	Model	Serial Number	Asset Number	Picked Up	Notes:

Principal's Signature: _____ Date: _____

Transfer To:

School or Location:	Location Number	Building Number	Room Number	Signature	Date

Driver Signature _____ Date _____

Directions:

1. Principals should assure that this form has been completed properly and signed (**Make a photo copy for school file**)
2. Fixed Assets will then have declared items picked up and transferred to new location

Fixed Asset Received: Initial _____ Date: _____ Completed: Initial_____ Date:_____

Rev 11-2026