CANYONS SCHOOL DISTRICT

Equipment Transfer from Schools

Page _____ of _____

Pickup Room #:_____

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

Quantity	Description	Manufacturer	Model	Serial Number	Asset Number	Notes:

Principal's Signature: _____ Date: ___/___/___

Transfer To:

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

X

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:_____/_____/_____