

Fixed Asset Received: Initial \_\_\_\_\_ Date: \_\_\_\_/\_\_\_

## **New Equipment Transfer from Facilities**

| Page 01        |  |
|----------------|--|
| Pickup Room #: |  |

Completed: Initial\_\_\_\_\_ Date:\_\_\_\_/\_\_\_

| Prepared By:  |                          | School Name:    |                 |             |           | Location #:  |        |      |  |
|---|--------------------------|-----------------|-----------------|-------------|-----------|--------------|--------|------|--|
| Quantity  | Description/Manufacturer | Purchase Orde   | er # Model      | Serial Nu   | mber      | Asset Number | Notes: |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
| Principal's Signature: Date:// **Condition Code is required on each item being declared transferred   |                          |                 |                 |             |           |              |        |      |  |
| <u>Transfer</u>   | <u>To:</u>               |                 |                 |             | •         |              |        |      |  |
|   |                          |                 |                 |             |           |              |        |      |  |
| School or Loca  | tion:                    | Location Number | Building Number | Room Number | Signature |              |        | Date |  |
| X   |                          |                 |                 |             |           |              |        |      |  |
| Driver Signatu  |                          |                 | Date            | - (*3.6.11  |           | 1 1 (*1 *)   |        |      |  |
| *** 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 |                          |                 |                 |             |           |              |        |      |  |