|  |  |  |
| --- | --- | --- |
| **Date:** |       |  |
| **Building Number:** |       | **Room Number:** |       |
| **Reason for Transfer:** |       |
| **Fixed Asset #** |  | **Description** |
|       |  |       |
|       |  |       |
|       |  |       |
|       |  |       |
| **Transferred to: Building #**  |       | **Room #** |       |
| **Staff Signature Accepting Asset** |       |
| **Approval of Accepting Principal/Supervisor** |       |
| **Approval of Technology Director** |       |
| (Technology Equipment Only) |  |
| **Approval of Federal Programs Director** |       |
| (Title, Sped or Child Nutrition Equipment) |  |
| **\*\*Federal purchased equipment CANNOT be transferred to another school\*\*** **For County Office use only:** |
| **Fund Code** |       | **Federal Code** |       |
| **Signature of AP/Fads Manager** |       |
| **TO BE COMPLETED AT LOCATION SITE AND SUBMITTED TO THE CENTRAL OFFICE** |

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