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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | | | | | | | | | |  | | | | | | |
| **Building Number:** | | |  | | | | | | | | **Room Number:** | | | | | |  |
| **Reason for Transfer:** | | | |  | | | | | | | | | | | | | |
| **Fixed Asset #** | | | | |  | | | | | | | | **Description** | | | | |
|  | | | | |  | | | | | | | |  | | | | |
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| **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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