

Date: _____

Form G

FIXED ASSET INVENTORY TRANSFER OF FURNITURE/EQUIPMENT

Asset Tag #: _____

Asset Description: _____

Is Transfer Complete? **Yes** **No**

If Yes, by whom? _____

Date of Transfer: _____

OLD DATA:

Location:

School: _____

Bldg: _____

Room: _____

NEW DATA:

Location:

School: _____

Bldg: _____

Room: _____

Principal: _____ Date: _____

Approved by: _____ Date: _____

Department Head Signature

Memo: _____

Fixed Asset Dept: _____ Date: _____

Entered in System: _____ Date: _____