

## TRANSFER, RELOCATION, DISPOSAL OF FIXED ASSET RECORD

**Note:** This form must be completed *prior* to the transfer, relocation or disposal of ANY fixed asset. Return completed form to the Purchasing Department.

Date: \_\_\_\_\_

Description of Fixed Asset/Item: \_\_\_\_\_

Identification Tag Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Building: \_\_\_\_\_

Room Number: \_\_\_\_\_

**Transfer/Relocation:**

From

To

Building: \_\_\_\_\_

Building: \_\_\_\_\_

Room: \_\_\_\_\_

Room: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Supervisor/Administrator*

**Surplus/Disposal:**

Method: \_\_\_\_\_

Date Approved by Board of Education: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Purchasing Agent*