

CHOCTAW COUNTY SCHOOLS
TRANSFER ASSET FORM
(Between Locations)

REQUEST DATE: _____

ASSET NBR: _____ DESCRIPTION: _____

MANUFACTURER: _____ SERIAL NBR: _____

TRANSFER FROM:

TRANSFER TO:

LOCATION

- AES
- AHS
- FCE
- WES
- WHS
- CCCTC
- OTHER

LOCATION

- AES
- AHS
- FCE
- WES
- WHS
- CCCTC
- OTHER

BUILDING NBR: _____

BUILDING NBR: _____

ROOM NBR: _____

ROOM NBR: _____

SIGNATURE APPROVAL

SIGNATURE APPROVAL

DATE: _____

DATE: _____

COMMENTS:

Entered by: _____ Date: _____