

Sunflower County Consolidated School District

Request for Permanent Transfer

It is requested that the following fixed assets be transferred:

From:

Employee Name (printed)	Location	Room #
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To:

Employee Name (printed)	Location	Room #
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<i>Asset Number</i>	<i>Description</i>	<i>Serial Number</i>	<i>Fund #</i>

Transfer authorized by: _____ Date: _____
Principal/Designee (signature)

_____ Date: _____
Program Director

I accept responsibility for the above inventory items: _____
Employee receiving inventory (signature)

Date Asset Ledger was updated: _____

By whom: _____

Please complete this request for transfer form and return it to the Fixed Asset Point of Contact. This form **must** be completed (proper signatures, numbers, & location) before assets are transferred.

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