

**FIXED ASSET TRANSFER**

TO BE COMPLETED AT TIME OF TRANSFER  
ONE ITEM PER FORM

ASSET NUMBER: \_\_\_\_\_

ITEM DESCRIPTION: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

TRANSFER FROM: \_\_\_\_\_

TRANSFER TO: \_\_\_\_\_ ROOM NUMBER: \_\_\_\_\_

DATE OF TRANSFER: \_\_\_\_\_

APPROVED BY PRINCIPAL/SUPERVISOR (**SENDING**): \_\_\_\_\_

PERSONNEL TRANSPORTING ASSET: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY PRINCIPAL/SUPERVISOR (**RECEIVING**): \_\_\_\_\_