INVENTORY TRANSFER FORM

I. TRANSFERS

	O WHICH THE ITEM IS BE		-	
-	tive *Retired	Destroyed	**Stolen	
*Describe what is wrong	with item			
* in working condition no longer in working condition				
** Item must be reported to District Police,	o: Chief Financial Officer an	d Fixed Assets De	epartment	
TRANSFERRED FROM	I: (to be completed by	/ person transfe	erring the fixed as	set)
1. Item Description			2. Qty	
3. Barcode Number (white SFDRCISD tag)	4. Item	n Serial Number		
5. Campus / Location	6. Buil	ding Code Letter	7. Room Number	
TRANSFERRED TO:				
1. Campus / Location	2. Buil	ding Code Letter	3. Room Number	
	Originate	Dr		DATE
. AUTHORIZATIONS:				5,2
Transfer Approved By:				
	ADMINISTRATOR	TITLE		DATE
Transfer Received By:				
	ADMINISTRATOR	TITLE		DATE
	III. Picked up By:			
		Warehouse Cler	K	DATE