FRANKLIN COUNTY SCHOOL DISTRICT

FIXED ASSET TRANSFER

I am requesting that the following item (s) be transferred:

Item Description	Bar Code #	From Room #	To Room #

This transfer is authorized by the below signed personnel.

_____ _____
Employee Transferring Item Date

_____ _____
Principal/Bldg. Administrator Date

_____ _____
Employee Receiving Item Date

_____ _____
Fixed Asset Manager Date

Revised 6-3-08