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 #**

To: _____

Employee Name (printed) **Location** **Room #**

Asset Number	*Description*	*Serial Number*	*Fund #*

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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