



“WHAT WE DO HERE SHAPES THE WORLD”

REQUEST FOR TRANSFER OF EQUIPMENT/FURNITURE

: Permanent Transfer

: Temporary Transfer

: Returned to Vendor

FOR BUSINESS OFFICE USE ONLY
 DATE BOARD APPROVAL DISPOSITION:

TO: _____
 (CAMPUS/DEPT./CENTRAL RECEIVING)

FROM: _____
 (CAMPUS/DEPT./CENTRAL RECEIVING)

LOCATION: _____
 (ROOM NO. / OFFICE)

LOCATION: _____
 (ROOM NO./OFFICE)

QTY.	DESCRIPTION	MODEL	SERIAL #	LFCISD TAG/ BARCODE

COMMENTS: _____

SIGNATURE OF SENDER: _____
 (CAMPUS PRINCIPAL/DEPT. DIRECTOR)

DATE: _____

SIGNATURE OF RECEIVER: _____
 (CAMPUS PRINCIPAL/DEPT. DIRECTOR)

DATE: _____