

SENDER

Date _____
 School/Dept _____
 Room Number _____
 Principal/Designee _____

Signature

Disposal Permanent Transfer
 Temporary Transfer
 Date to be returned _____

MISSION

CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
FIXED ASSETS
INVENTORY
TRANSFER / DISPOSAL
FORM

RECEIVER

Date _____
 School/Dept _____
 Room Number _____
 Principal/Designee _____

Signature

BARCODE	DESCRIPTION	SERIAL #	QUANTITY	CONDITION	UNIT COST	TOTAL COST	COMMENTS

PLEASE READ DIRECTIONS CAREFULLY

- | | |
|--|---|
| <ul style="list-style-type: none"> 1. This form is to be used for all inventory requested for removal from campus/department. 2. Sending school/department shall fill in all information in upper left corner. <p>List item description and MCISD barcode #. Student chairs and desks may be listed as a group with quantity and MCISD barcode # designated.</p> | <ul style="list-style-type: none"> 3. Send a copy to Receiving School/Department for verification of need. 4. Receiving school/department shall complete upper right corner and forward a copy to Fixed Assets. 5. Fixed Assets will schedule transfer and distribute copies to appropriate school/department as transfer is made. |
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DISTRICT WAREHOUSE
PHONE # 323-8900
FAX # 323-8990
FOR EMERGENCIES PLEASE FAX TO THE DISTRICT WAREHOUSE THEN SEND ORIGINAL