

East Tallahatchie School District

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Transfer of Fixed Assets to a Different Room

Transfer of Equipment to a Different Room

____ Please transfer the following fixed assets for which I am currently responsible from my room number , _____ to room number _____.

Transfer of Equipment to a Teacher/Employee

____ Please transfer the following fixed assets for which I am currently responsible to _____ in room number _____.
Teacher/Employee

Employee Name:	Employee Name:	Employee Name:

I transfer the above inventory. _____
Teacher/Employee Date

I accept responsibility for the above items.

Teacher/Employee Date

Transferring Administrator's Signature: _____
Teacher/Employee Date

Administrator's Signature: _____

FORWARD FORM TO CENTRAL OFFICE