

ALL FIELDS SHOULD BE COMPLETED

**WEBSTER COUNTY SCHOOLS
TRANSFER ASSET FORM**
(Between Locations)

REQUEST DATE: _____

ASSET NBR: _____ DESCRIPTION: _____

MANUFACTURER: _____ SERIAL NBR: _____

TRANSFER FROM:

TRANSFER TO:

LOCATION

- EHS
- EES
- EWHS
- EWE
- WCCTC
- WCDO
- OTHER

LOCATION

- EHS
- EES
- EWHS
- EWE
- WCCTC
- WCDO
- OTHER

BUILDING NBR: _____

BUILDING NBR: _____

ROOM NBR: _____

ROOM NBR: _____

SIGNATURE APPROVAL

DATE: _____

* _____
SIGNATURE APPROVAL

DATE: _____

*I accept responsibility for the above inventory item.

Entered by: _____ Date: _____