



# UNION COUNTY SCHOOL DISTRICT

*Building a More Perfect UNION*

## UNION COUNTY SCHOOL DISTRICT PERMANENT TRANSFER OF CAPITAL ASSET FORM (Transfer Asset for Greater than One (1) Year)

Date: \_\_\_\_\_

To: Superintendent

From: \_\_\_\_\_  
Name School Room No.

Re: Permanent Transfer of Capital Asset  
Please transfer the following capital assets for which I am currently responsible to  
\_\_\_\_\_ in room number \_\_\_\_\_.  
(Teacher/Employee)

Description	Serial Number	Tag Number

I transfer the above inventory items \_\_\_\_\_  
Teacher/Employee Signature Date

I accept the responsibility for the above inventory items \_\_\_\_\_  
Teacher/Employee Signature Date

\_\_\_\_\_  
Principal's Signature Date

\_\_\_\_\_  
Superintendent's Signature Date