IN-SCHOOL FURNITURE OR EQUIPMENT TRANSFER REQUEST

DATE

REQUESTED BY_____

(PREPARE IN TRIPLICATE: -1 - COPY FOR REQUESTER -1 - INVENTORY SITE MANAGER -1 BUSINESS SERVICES)

DESCRIPTION OF ITEM	COUNTY NUMBER	SERIAL NUMBER	PRESENT LOCATION FISH # OF ROOM	TRANSFERRED TO

USE THIS FROM WHEN PROPERTY IS TRANSFERRED WITHIN A SCHOOL.

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INSCHOOLFORM