

Office Use Only: Date entered: _____ Entered by: _____

Alabaster City Schools
Fixed Asset / Inventory
Transfer Form – Within School

Date _____

ITEM:

BAR CODE NUMBER _____

School _____

Current Room # _____ Teacher Name _____

Transferring Teacher Signature: _____

New Room # _____ Teacher Name _____

Receiving Teacher Signature: _____

Name and Contact info of person filling out this form:

Name _____

Telephone Number _____

Email _____

Send original form with signatures to the Central Office. ATTN: INVENTORY
Keep a copy for your records.