Fixed Asset Transfer Form

Rowan-Salisbury School System

Please complete this form when more than one item is to be transferred from the site. Pleas send completed form to the Fixed Asset Department at Long Street.

Location: _____

Date: _____

ITEM DESCRIPTION	FIXED ASSET NUMBER	SERIAL NUMBER	NEW LOCATION

Fixed Asset Coordinator's Signature: _____

Principal's Signature: _____

te. Please

BUILDING NUMBER