

PATERSON PUBLIC SCHOOL DISTRICT FIXED ASSET TRANSFER FORM

From: Department/School name: _____

Building Code: _____

Location Code: _____

Room: _____

To: Department/School name: _____

Building Code: _____

Location Code: _____

Room: _____

EQUIPMENT

FURNITURE

OTHER

ASSET TAG #: _____

DESCRIPTION: _____

MODEL: _____

SERIAL NUMBER: _____

MANUFACTURER: _____

Reason: _____

Please print your full name clearly on this form.

Transferred by: _____ Received by: _____
Print Name Print Name

Signature

Signature

Date: _____

Date: _____

*To conform with the Paterson Public School District Policy, this form must be signed and returned to the Fixed Asset Accountant.