EQUIPMENT TRANSFER

Department of Education Only

Inventory/Asset ID Number: _____

Location: _____

Surrendering Office	*Office Director Signature	Date
Receiving Office	Office Director Signature	Date

☐ PERMANENT ☐ TEMPORARY

Cost Center (Receiving Office)	Functional Area	Room Number (Receiving Office)

**Approved by: _____ _____
Deputy Superintendent Signature Date

_____ _____
Fixed Assets Manager Signature Posting Date

***** For equipment transfers between sections of the same office, the Director of the office should sign on this line only as surrendering and receiving office.

****** All equipment transfers between Divisions must be approved by the Deputy Superintendent of the Division surrendering the equipment.

NOTE: If the equipment was purchased with federal assistance or contract funds, the Office Director certifies that all federal regulations pertaining to the disposition of federal property have been complied with.