

HAZLEHURST CITY SCHOOL DISTRICT

119 Robert McDaniel Drive

Hazlehurst, MS 39083

Mr. Cloyd Garth Jr., Superintendent

Asset Transfer Request

(Complete and return to Central Office for **ALL** inventory transfers)

Please Check One: Temporary Transfer Permanent Transfer

From;	_____	To:	_____
	(Employee's Name Printed)		(Employee's Name Printed)
	_____		_____
	(Department/School)		(Department/School)
	_____		_____
	(Room Number/Location)		(Room Number/Location)
	_____		_____
	Signature		Signature
	Date		Date

Inventory#	Description of Item	Serial#

Approved Denied Campus Asset Manager: _____
Signature Date

To Be Completed At Time of Physical Transfer of Inventory

I am transferring all responsibility for the above inventory item(s) _____
(Employee Transferring Inventory)

I accept responsibility for the above inventory item(s) _____
(Employee Receiving Inventory)

Date Transfer Completed _____