



**SNOHOMISH
SCHOOL
DISTRICT**

Request for Transfer or Surplus of Furniture and Equipment

School Name _____
Employee Name _____

Rm # _____
Ext # _____

Fixed Asset Use Only	
Picked Up By: _____	Date: _____
Database Date: _____	Entered By: _____

Instructions:

Please complete the form and have your building administrator sign the request. Attach one copy to the item(s) to be picked up and send one copy to Accounting. Please contact your building secretary for the central surplus holding area in your building. **Furniture and equipment will not be picked up until this form has been approved and submitted to Accounting.**

Stolen Property: Attach Police Report and copy of the Property Loss Report.

Lost Property: Attach copy of the Property Loss Report.

Asset Tag No. (if none, write none)	Qty	Description of Item	Make	Model	Serial #	Condition of Item	Requested Action	Move To (Bldg & Room)	Final Location
						<input type="checkbox"/> Broken <input type="checkbox"/> Usable-old <input type="checkbox"/> Usable-new	<input type="checkbox"/> Transfer <input type="checkbox"/> Discard <input type="checkbox"/> Stolen / Lost		
						<input type="checkbox"/> Broken <input type="checkbox"/> Usable-old <input type="checkbox"/> Usable-new	<input type="checkbox"/> Transfer <input type="checkbox"/> Discard <input type="checkbox"/> Stolen / Lost		
						<input type="checkbox"/> Broken <input type="checkbox"/> Usable-old <input type="checkbox"/> Usable-new	<input type="checkbox"/> Transfer <input type="checkbox"/> Discard <input type="checkbox"/> Stolen / Lost		
						<input type="checkbox"/> Broken <input type="checkbox"/> Usable-old <input type="checkbox"/> Usable-new	<input type="checkbox"/> Transfer <input type="checkbox"/> Discard <input type="checkbox"/> Stolen / Lost		
						<input type="checkbox"/> Broken <input type="checkbox"/> Usable-old <input type="checkbox"/> Usable-new	<input type="checkbox"/> Transfer <input type="checkbox"/> Discard <input type="checkbox"/> Stolen / Lost		
						<input type="checkbox"/> Broken <input type="checkbox"/> Usable-old <input type="checkbox"/> Usable-new	<input type="checkbox"/> Transfer <input type="checkbox"/> Discard <input type="checkbox"/> Stolen / Lost		
						<input type="checkbox"/> Broken <input type="checkbox"/> Usable-old <input type="checkbox"/> Usable-new	<input type="checkbox"/> Transfer <input type="checkbox"/> Discard <input type="checkbox"/> Stolen / Lost		
						<input type="checkbox"/> Broken <input type="checkbox"/> Usable-old <input type="checkbox"/> Usable-new	<input type="checkbox"/> Transfer <input type="checkbox"/> Discard <input type="checkbox"/> Stolen / Lost		
Signature of Requester			Signature of Supervisor Approving Request			Signature of Supervisor Receiving Transfer of Equipment			
Date:		Date:		Date:					