



ASSET TRANSFER FORM
JAMESTOWN PUBLIC SCHOOL DISTRICT #1
(Item that permanently moved to another location)

Tag Number _____ Quantity: _____

Description: _____

Serial Number: _____ Model Number: _____

Current Location-Building ID: _____ Room ID: _____

Employee Transferring (Print): _____ Signature: _____

New Location-Building ID: _____ Room ID: _____

Date Transferred: _____ Principal or Director Signature: _____