

_____Date

**GULFPORT SCHOOL DISTRICT
INVENTORY PERMANENT TRANSFER FORM**

CONTROL NUMBER(S) _____

ITEM DESCRIPTION _____

SERIAL NUMBER(S) _____

MODEL # _____

SENDING

SCHOOL/SITE/DEPARTMENT: _____
(Item is being transferred from)

LOCATION: _____
(Room, office, library, etc.)

Signature of Principal or Dept Head DATE

Signature of staff member releasing equipment DATE

Signature of Inventory Specialist DATE

Signature of Person Moving Equipment DATE

KEEP COPY FOR YOUR RECORDS

RECEIVING

SCHOOL/SITE/DEPARTMENT: _____
(Item is being transferred to)

LOCATION: _____
(Room, office, library, etc.)

Signature of Principal or Dept Head DATE

Signature of staff member receiving equipment DATE

Signature of Inventory Specialist DATE

**KEEP COPY FOR YOUR RECORDS
SEND ORIGINAL TO INVENTORY SUPERVISOR IN FINANCE**