

_____ Date

**GULFPORT SCHOOL DISTRICT
INVENTORY PERMANENT TRANSFER FORM**

CONTROL NUMBER _____

ITEM DESCRIPTION _____

SERIAL # _____ MODEL # _____

SENDING

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

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

Signature of Principal or Department Head Date

Signature of staff member moving equipment Date

Signature of Inventory specialist Date

KEEP COPY FOR YOUR RECORDS

RECEIVING

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

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

Signature of Principal or Department Head Date

Signature of staff member moving equipment Date

Signature of Inventory specialist Date

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