VOLUSIA COUNTY SCHOOLS

Transfer of Equipment

Sending Site		**Receiving Site**	
Site Name:		Site Name:	
Asset Location:	Department Code:	Asset Location:	Department Code:
Sender's Name (please print):		Receiver's Name (please print):	
Signature:	Date Sent:	Signature:	Date Received:

Delivery Agent (please print): Signature: Date Picked Up:

Asset Tag Number	**Serial Number**	**Item Description**	**Bldg./Rm.**

Comments: