

**BELEN CONSOLIDATED SCHOOLS
TRANSFER OF EQUIPMENT REQUEST**

TRANSFER FROM -

SITE: _____

DEPARTMENT: _____

TRANSFER TO –

SITE: _____

DEPARTMENT: _____

BCS TAG#	DESCRIPTION (Including model #)	SERIAL NUMBER	DATE ACQUIRED	RECORDED VALUE/COST

Reason for transfer:

Signature: _____
Administrator's Signature

Date: _____

RTA Signature: _____
Director's Signature

Date: _____

**Required for technology equipment; computers, printers, etc.*

Picked up by: _____

Date: _____

Received at transfer site by: _____

Date: _____

Recorded on Assets inventory by: _____

Date: _____