

MUSCOGEE COUNTY SCHOOL DISTRICT
Fixed Asset Transfer Authorization

From Building Name _____	To Building Name _____
From Building Number _____	To Building Number _____
From Room Number _____	To Room Number _____
From Program Name _____	To Program Name _____
To Program Number _____	To Program Number _____

Quantity	Description	MCSD Tag No.	Serial No.	Model No.	Condition

Is equipment owned by State/Federal Government? _____ Yes _____ No
If yes, attach authorization to relocate.

Reason for Request _____

Requested By _____ Title _____ Date _____

Approved/Denied By _____ Date _____
Property Management Officer

Released from Building By _____ Date _____
Signature

Transportation By _____ Date _____
Signature

Received at New Building By _____ Date _____
Signature

Recorded at Property Management Office By _____ Date _____

Copy Distribution:
White-PMO Green-PMO
Yellow-New Building Pink-Old Building
Gold-Originator

**RETURN GREEN COPY PROMPTLY TO
PROPERTY AND RECORDS
DEPARTMENT WHEN ALL
SIGNATURES HAVE BEEN OBTAINED**