TRANSFER EQUIPMENT

JOHNSON CITY SCHOOLS

TO: _____ JOY BAKER, RISK MANAGER, CITY OF JOHNSON CITY

_____ LEIA VALLEY, SUPERVISOR OF FINANCE, JOHNSON CITY SCHOOLS

FROM: _____ PRINCIPAL

_____ LEIA VALLEY, SUPERVISOR OF FINANCE, JOHNSON CITY SCHOOLS

DATE: _____

SUBJECT : PLEASE TRANSFER THE FOLLOWING EQUIPMENT FROM _____ TO

_____ SCHOOL/DEPARTMENT

JOHNSON CITY SCHOOLS

PLEASE TRANSFER THE FOLLOWING EQUIPMENT :

BARCODE #	ITEMS DESCRIPTION AND BRAND NAME	SERIAL #	DATE OF TRANSFER

_____
SIGNATURE OF PRINCIPAL/SUPERVISOR

_____
LEIA VALLEY, SUPERVISOR OF FINANCE