## College Station Independent School District ASSET TRANSFER REQUEST

 (\$4,990 and under)			Fixed Asset Transfer Request (\$5,000 and over)	Technology Asset Transfer Request (printers, faxes, copier, etc.)			
				Date:			
Transf	er Requeste	d By:					
			(Signature of Person Requesting Tra	insfer)			
Transf	er Approved	Ву:	(Signature of Organization Administ	rator)			
_				rator)			
Transf	er Supervise	ed By:	(Signature of Property Manager)				
	CSISD Tag#	No. of Items	Description/Manufacturer/Model # of Items	Serial #	From Room No.	To Room No.	
	Include d	etails ahoi	t the item(s). Metal, wood, color, # shelves, ap	nroy dimensions (	etc		
	Tricidae a	ctails above	at the term(3). Fictal, wood, color, # 3herces, ap	prox. dimensions, (	ctc.		
	Davisan Mha	Dessived	Thorac(a).				
	Person Who Received Item(s):  Signature of Person Receiving Items						
	_						
	Receiving Ca	ampus/Dep	pt:	Date Item(s) Received:			

Scan form and save to be attached to work order Enter a work order at go.csisd.org
Select Warehouse > Transport Items Work Order Attach the form to the work order
Tape form to item(s) to be moved.