

**TROY CITY SCHOOLS  
ASSET TRANSFER**

**TO BE COMPLETED BY ADMINISTRATOR ORIGINATING TRANSFER OF ASSET**

**ORIGINAL LOCATION**

*BUILDING* \_\_\_\_\_  
MAKING TRANSFER

*ROOM LOCATION* \_\_\_\_\_  
OF ASSET-PER PRIOR PHYSICAL INVENTORY

*ASSET DESCRIPTION* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *TCS*

*TCS ID #* \_\_\_\_\_

*SERIAL #* \_\_\_\_\_

SIGNATURE: SENDER  
**PRINCIPAL/BLDG ADMINISTRATOR**

\_\_\_\_\_ DATE \_\_\_\_\_

**NEW LOCATION**

*BUILDING* \_\_\_\_\_  
RECEIVING ASSET

*ROOM LOCATION* \_\_\_\_\_  
RECEIVING ASSET

SIGNATURE: RECEIVER  
**PRINCIPAL/BLDG ADMINISTRATOR**

\_\_\_\_\_ DATE \_\_\_\_\_

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**TO BE COMPLETED BY CENTRAL OFFICE STAFF**

TAG# \_\_\_\_\_

DATE ASSET TRANSFERRED ON RECORDS \_\_\_\_\_

SIGNATURE:  
TREASURER

\_\_\_\_\_ DATE \_\_\_\_\_