SOUTH TEXAS ISD
Fixed Asset Transfer Form

TO: _____ DATE: _____
Campus/Surplus/Department

FROM: _____
Campus/Department

STISD Asset #	Description of Asset

Check Disposition of Items:

- Transfer ☐
- Stolen ☐
- Lost ☐
- Surplus ☐
- Trade In ☐
- Return to Vendor ☐
- Used for Parts ☐

Working Condition of Asset

Good ☐ Bad ☐ Obsolete ☐

This move is ☐ Permanent ☐ Temporary

Type Name of Person Relinquishing Assets	Signature	Date
Type Name of Person Receiving Assets	Signature	Date

TO BE COMPLETED BY BUSINESS OFFICE DEPARTMENT

Inventory Change by _____ Date of Inventory Change _____

THIS FORM MUST BY SIGNED BY THE RECEIVING DEPARTMENT TO BE REMOVED FROM THE INVENTORY OF THE RELINQUISHING DEPARTMENT