



Moore County Schools - Federal Programs

DISCARDING/TRANSFERRING OF EQUIPMENT FORM

Date: _____

From Location (School Name, Department, and Room #): _____

To Location (School Name, Department, and Room #): _____

Name of Person Completing the Form: _____

Quantity	Description of Item	Asset Tag # (if applicable)	Serial # (if applicable)	Model (if applicable)	Please indicate: Transfer (T) Discard (D)

*Attach a detailed description if necessary.

Teacher/Staff Member

Date

Principal

Date

Administrator for Federal Programs

Date