Gregory-Portland Independent School District
Property Transfer Request

Date: _____

Transferred from Campus: _____ **Room#:** _____ **Department:** _____

Transferred to ~ Campus _____ **Room#:** _____ **Department:** _____

Reason for transfer: _____

Transfer Requested by:_____ **Approved by:**_____

Principal/Administrator/Supervisor

*Bar Code#	*Description, Model, Brand Name, Year, etc.	*Serial #

These columns must be completed prior to submitting the request to the Maintenance Department.

I certify that the items(s) listed above were delivered by me:

Signed:_____ **Date:**_____

Maintenance Department

I certify that I received the above items(s):

Signed:_____ **Date:**_____

Principal/Administrator/Supervisor

Instructions:

***This form is initiated by the campus when furniture or equipment is to be traded in or transferred to another campus.**

***Upon completion of the transfer, send a copy of this form to the Business Office.**

Revised: GPISD-9/11