## RIALTO UNIFIED SCHOOL DISTRICT EQUIPMENT TRANSFER FORM

Transfer From:		Tran			
(Site / Dept.)  Site Administrator:(Print name)		Transfer To:(Site / Dept.)			
		Administrator (Signature)			Date:
Please check one: Transfer o		☐ Remove from Inven		□Liquidation / S	Surnlus
		Phone#Email_			
Instructions:  1. Type out the for 2. For any compu 3. Mail or Scan th	m include all serial numbers a ter or IT related items, you w is form to Mike Ricker at mri	and District tag numbers. Fill need IT personnel to s cker@rialto.k12.ca.us	Hand written forms will not be gign the form prior to submitting	accepted.	
ITEM DESCRIPTION	MAKE	MODEL	SERIAL NUMBER		USD TAG UMBER
		_			
Removal Justification:					
Signatures required at time of	niak un / daliyany				
Signatures required at time of pick up / delivery  Picked up by:				Date:	
Received By:				Date:	
I.T. Approval: Yes I.T. Si	gnature:		Date:		Not Applicable
Fixed Asset(s) Status Updated By	:			Date:	