

DONNA INDEPENDENT SCHOOL DISTRICT
Technology Equipment Transfer Form
(Please print and return completed form to Technology Department)

Print Name: _____ Date: _____

From Campus/Dept.: _____ Room#: _____

To Campus/Dept.: _____ Room#: _____

Please indicate with an X if equipment is Junk (no longer working) or Usable (in working condition).

Quantity	DISD Asset #	Serial #	Description of Equipment	Junk	Usable

Required Signature: Releasing Personnel (School Staff): _____ **Date:** _____

Required Signature: Campus/Dept. Administrator _____ **Date:** _____

Required Signature: Technology Director _____ **Date:** _____

Required Signature: Receiving Personnel: _____ **Date:** _____

Submit completed form with **ALL** required signatures to the Technology Department. Equipment **CANNOT BE MOVED** by the assigned technician **until** the Technology Director signs the final approval. For more information, please call 956-464-1660 or contact Mr. Albert Chavez, Technology Director, at 956-464-1660.

Please retain a copy of the completed form for your documentation.