

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT ASSET EQUIPMENT MOVES LIST



From: _____
Your Name (please print)
Date

Location: _____
Site / School / Department
Phone number or extension

Please Type or Print Clearly

SITE / SCHOOL NAME / ROOM	ITEM DESCRIPTION <i>MAKE / MODEL / SERIAL NUMBER</i>	WCCUSD TAG NUMBER
MOVING FROM:		
MOVING TO:		
MOVING FROM:		
MOVING TO:		
MOVING FROM:		
MOVING TO:		
MOVING FROM:		
MOVING TO:		
MOVING FROM:		
MOVING TO:		

To e-mail bmcguire@wccusd.net click on the submit form button above or fax completed form to 510-236-0464

Signature

Date