

LICKING REGIONAL EDUCATIONAL SERVICE CENTER

FIXED ASSET RELOCATION

Please fill out the top portion completely, forward to the Treasurer's office.

Tag # _____ Model # _____

Serial # _____

Description of item: _____

Original Location: Name: _____ Room # _____

Moved to: Name: _____ Room # _____

Completed by _____ Date: _____

Location changed in GAAP system _____

Completed by: _____ Date: _____