

**FANNIN COUNTY PURCHASING DEPARTMENT**

**FORM D**

**INVENTORY TRANSFER FORM**

**Date:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Inventory #:** \_\_\_\_\_ **Serial #:** \_\_\_\_\_

**Inventory Description:** \_\_\_\_\_

\_\_\_\_\_

**Date of Inventory Transfer:** \_\_\_\_\_

**Additional comments on Inventory Transfer:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Elected Official/Dept. Head**

\_\_\_\_\_  
**Date**

**For Purchasing Department Use Only:**

Date Received: _____	Action Taken: _____
Misc. Notes: _____	
_____	
_____	_____
<b>Purchasing Agent or Designee</b>	<b>Date</b>