

Date _____

DCR Log Number: _____

Distribution Center use ONLY

SCHOOL BOARD OF BREVARD COUNTY

Distribution Center Request (DCR - 1)

*ALL capital asset transfers MUST be completed online through CrossPointe

FROM: _____
Sending Site Name and Number

TO: _____
Receiving Site Name and Number *Surplus = 9840

FROM Site contact: _____ Phone #: _____
Please print

TO Site contact: _____ Phone #: _____
Please print

List items to be transferred/delivered:

√	QTY	Description

Print Name: _____ Sign: _____ Date: _____
Sending Site Principal/Director Approval

Print Name: _____ Sign: _____ Date: _____
Distribution Center Approval

Print Name: _____ Sign: _____ Date: _____
Picked up by

Print Name: _____ Sign: _____ Date: _____
Received by

Fill in required fields. Print 2 copies. Sign in BLUE ink. Forward both signed copies to the Distribution Center for completion.