



**DISTRICT SCHOOL BOARD OF PASCO COUNTY**  
**DISTRICT FOOD & NUTRITION SERVICES**  
**INVENTORY TRANSFER REQUEST**

MIS Form #125  
Rev. 11/99

Date \_\_\_\_\_ (Check one) Commodity \_\_\_\_\_ Purchased \_\_\_\_\_

From \_\_\_\_\_ School Cost Center # \_\_\_\_\_

To \_\_\_\_\_ School Cost Center # \_\_\_\_\_

Item	No. of Units	Unit Value	Total Value

Transferred by \_\_\_\_\_ Date \_\_\_\_\_  
(Manager's Signature)

Received by \_\_\_\_\_ Date \_\_\_\_\_  
(Manager's Signature)

Procedures for Distribution: Pink - Retained at transferring lunchroom  
Canary and White - Sent to receiving lunchroom for Manager's signature  
Canary - Retained at receiving lunchroom  
White - Sent to District Food & Nutrition Services Department by receiving lunchroom