

# TEXTBOOKS

## TRANSFER / LOST / PAID / SALE FORMS

Textbooks: Transfer Form .....	2
Textbooks: Lost & Paid Form .....	3
Obsolete Textbook Sale to Vendor Form .....	4

# TEXTBOOKS: TRANSFER FORM

## TRANSFERRED FROM:

School Name \_\_\_\_\_ Location # \_\_\_\_\_

Org \_\_\_\_\_ Obj \_\_\_\_\_ Proj \_\_\_\_\_ (Budget Account Code)

## TRANSFERRED TO:

School Name \_\_\_\_\_ Location # \_\_\_\_\_

Org \_\_\_\_\_ Obj \_\_\_\_\_ Proj \_\_\_\_\_ (Budget Account Code)

JCPS#	COMPLETE BOOK TITLE	QUANTITY	COST

Total Transfer Amount \$ \_\_\_\_\_

Principal's Signature \_\_\_\_\_  
(School **Receiving** Textbooks) \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_  
(School **Sending** Textbooks) \_\_\_\_\_ Date \_\_\_\_\_

The formula to follow when selling a textbook to another school is as follows:

100% of the WHOLESALE cost during the first or second year of adoption  
75% of the WHOLESALE cost during the third or fourth year of adoption  
25% of the WHOLESALE cost during the fifth or sixth year of adoption

# TEXTBOOKS: LOST & PAID FORM

School Year \_\_\_\_\_

School Name \_\_\_\_\_ Location# \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

JCPS Commodity Code	COMPLETE BOOK TITLE	TOTAL COLLECTED

Total Amount Collected \$ \_\_\_\_\_

Check Number \_\_\_\_\_

Replacement Code: Org \_\_\_\_\_ Obj \_\_\_\_\_ Proj \_\_\_\_\_

The formula to follow when paying for lost, damaged or destroyed textbooks is as follows:

100% of the RETAIL price for the textbooks lost during the first or second year of adoption

75% of the RETAIL price for the textbooks lost during the third or fourth year of adoption

25% of the RETAIL price for the textbooks lost during the fifth or sixth year of adoption

**\*\* RETURN THIS COMPLETED FORM WITH CHECK TO: \*\***  
**Accounting Services, Van Hoose**

# OBSOLETE TEXTBOOK SALE TO VENDOR FORM

## SOLD FROM:

School Name \_\_\_\_\_ Location # \_\_\_\_\_

## SOLD TO:

School Name \_\_\_\_\_

Vendor Name / Address \_\_\_\_\_

DEPOSIT CHECK INTO TEXTBOOK ACTIVITY ACCOUNT CODE: \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Principal's Signature \_\_\_\_\_

\_\_\_\_\_ Date

**\*\* RETURN THIS COMPLETED FORM WITH CHECK TO: \*\***  
**Accounting Services, Van Hoose**