



# Umbrella Family and Child Centres of Hamilton

## Asset Transfer Form – Satellite Site Shut Down

Site Name	
Program Leader Name	
Program Supervisor Name	
Date	

Assets		Additional Information	
Laptop		PL Password:	
Charger		Staff Password:	
Additional Accessories:		Ex. USB, Mouse, Keyboard, etc	
Cell Phone		Phone #:	
Charger		Passcode:	
Tablets		How Many:	
Walkies		How Many:	
Hubs/MyFi			
Keys (labelled)		How Many:	
		Used For:	
<b>To Be Handed into Finance Dept.</b>			
HWDSB Access Cards	Name:		Card #
	Name:		Card #
	Name:		Card #
	Name:		Card #
	Name:		Card #
	Name:		Card #
Petty Cash	Amount:		
Expense Reimbursement Form	All Receipts:		
	Signed by Supervisor:		

Transferred By:	
Signature	
Received By:	
Signature	
Date Transferred	

**VISION:** Responsive, accessible, and inclusive child care for all

**MISSION:** Excellence in early learning and child care

**VALUES:** Collaboration is the key, Equity and Belonging always, Excellence begins with us, Respect and integrity are essential & Trusting relationships connect us

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