

# Neshoba County School District Fixed Asset Temporary Checkout

Date: \_\_\_\_\_

To: Fixed Asset Property Contact

From: \_\_\_\_\_

School: \_\_\_\_\_

Room # \_\_\_\_\_

**PLEASE CHECK REASON:**

\_\_\_\_\_ This is to certify that I have checked out the equipment listed below and I am using it off campus to complete official school business.

\_\_\_\_\_ This is to certify that the equipment listed below is being repaired by the Technology Department

\_\_\_\_\_ Other (describe) \_\_\_\_\_

| Description | Serial Number | Tag Number |
|-------------|---------------|------------|
|             |               |            |
|             |               |            |
|             |               |            |
|             |               |            |

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Check out Date

\_\_\_\_\_  
IT Technician Signature

\_\_\_\_\_  
Receiving Date

\_\_\_\_\_  
Other Staff Member

\_\_\_\_\_  
Receiving Date

\_\_\_\_\_  
**RETURN DATE**

\_\_\_\_\_  
**SIGNATURE OF RESPONSIBLE**

Signatures affirm approval/acceptance of listed equipment to be removed from the oversight of the Neshoba County School District. Recipients Signatures indicate acceptance of financial responsibility should item(s) become lost, damaged or stolen due to negligence.

**NOTE: This form is used to record TEMPORARY assignments/check-outs and maintained on site with the Property Contact and shall be available for audit.**