

**Rankin County School District
Off-Site Fixed Asset Request**

Asset Number _____ School/Department _____

Asset Description _____

Serial Number _____

Purpose _____

I understand that I am responsible for the above asset while in my possession, both on and off site. I understand it is my responsibility to report any damages or losses while this asset is in my possession. I agree to reimburse the Rankin County School District for any loss due to my negligence.

Employee Signature _____

Supervisor Signature _____

Date Approved _____

Date Returned _____

Employee Signature _____

Supervisor Signature _____

Note: Keep original with your fixed asset room inventory log and give a copy to the fixed asset manager at your location.