

Brownsville Independent School District Authority To Borrow Equipment Form

(Please return to the Fixed Assets Department)

School Year: _____

Employee: _____ Date: _____ School: Veteran Memorial ECHS

Room #: _____ Dept: _____ Location #: 009

Borrowed for: Current Year Over the Summer Less than week Returning Item

Description of Equipment	Serial/Service #	Tag #	Purchase Amt.	Date	
				Check Out	Check In

As per Education Code 31.104 (e), I am aware that I may consider obtaining appropriate insurance to cover the cost of replacing the item(s), damaged, stolen or lost. The price is listed above, however, the replacement cost may be less.

The school district has issued the items listed above to me. I understand that I am responsible for the safekeeping of the equipment. I also understand that I will bear the financial burden of replacing the item(s) if damaged, stolen or lost (as per Local Policy CFB & Education Code 31.104 (e)). I will assist the district in the event of an audit by providing the information requested and/or by returning the equipment to the district.

Employee's Information:

Home Address: _____ Employee # _____

Home/Mobile Phone Number: _____

Signature: _____

Permission has been granted to the above employee to check out the items listed above.

For Office Use:

Approving Administrator

Signature: _____ Date: _____

Print Name: _____ Title: _____

Please fax copy to (956) 548-8680 with proper signatures to the Fixed Assets Department. For more information please call (956) 548-8375.

(Rev 7/2016)