

EQUIPMENT AND SUPPLIES MANAGEMENT:
AUTHORIZED USES OF EQUIPMENT AND SUPPLIES

CMB (REGULATION)
(EXHIBIT)

Northwest Independent School District

Acknowledgement of Responsibility for District Equipment

Employee's Last Name	First Name	MI	Campus/Department
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Description of equipment assigned

Reason for use

Inventory Number(s), if applicable	Initial Date of Assignment	Estimated Return Date
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I understand that I will be responsible for the care of the District equipment assigned to me and that I will bear the cost of repair or replacement if it is damaged, lost, or stolen while it is in my care.

Employee Signature	Date
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Printed Name of Principal/Supervisor Authorizing Equipment Assignment

Principal/Supervisor Signature	Date
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