

GULFPORT SCHOOL DISTRICT
Assignment of Fixed Assets
(Hand Receipt)

Date

DESCRIPTION OF EQUIPMENT _____

SERIAL #	CONTROL #
1. _____	_____
2. _____	_____

TRANSFERRING	RECEIVING
_____ Site/Department	_____ Site/Department
_____ Department Head/Principal Signature	_____ Employee/Student Signature
_____ Inventory Specialist Signature	_____ Inventory Specialist Signature

RETURN INFORMATION

_____ Equipment Return Date	
_____ Return Signature	_____ Return Signature

My signature verifies that I have the equipment listed above and am using it to conduct school district business. I understand that I will be held responsible for the equipment while it is in my possession. I also understand that if equipment is lost, stolen or broken, I may be asked to replace the equipment.