Moss Point School District

Assignment of Fixed Assets (Hand Receipt)

_____ - _____ School Year

SCHOOL/DEPT: _____
ASSIGNED TO (ROOM#): _____
EMPLOYEE NAME: _____
CHECKOUT DATE: _____ **EXPECTED RETURN DATE:** _____

FIXED ASSET#	ITEM DESCRIPTION	MANUFACTURER	SERIAL#/SERVICE TAG#	CONDITION OF ITEM

I understand I am responsible for the care and upkeep of the above named piece of equipment as property of the Moss Point School District. If I cannot present the equipment in the same condition as when originally checked out, I understand I will be financially responsible for the replacement of the equipment.

_____

Signature of Employee (Recipient of Equipment) **Date**

_____

Signature (Principal/Director) **Date**

****

I have accepted the returned equipment in an acceptable condition.

_____

Signature (Location Property Mgr.) **Date**

_____

Signature (Principal/Director) **Date**

_____

Signature (Recipient of Equipment.) **Date**

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***School Property Mgr. to retain ORIGINAL <u>while items are checked out.</u> Please send a COPY to District Property Officer during this time.**

***When all items are checked in please send the ORIGINAL to the District Property Officer.**