



NORTH TIPPDAH SCHOOL DISTRICT



Phone: 662-837-8450 Fax: 662-837-8455

ASSET CHECK OUT FORM

To: Property Manager School Name: _____

From: _____ (Employee's Name)

Date: _____

I hereby certify that I have been assigned the equipment listed below from the North Tippah School District in order to conduct official school district business. I agree to have this equipment in my possession at all times. I further agree to be responsible for paying for any damages to the equipment, and in the event it is lost or stolen, I agree to reimburse the district the full cost of the value of the equipment.

Description	Serial Number	District Asset Number

(Employee's Signature)

(Print Name)

Date