**STONE COUNTY SCHOOL DISTRICT**

***Temporary Transfer of Fixed Asset***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Asset Number | |  | | | | | School/Department | |  |
| Asset Description | | |  | | | | | | |
| Serial Number | | |  | | | | | | |
| Purpose |  | | | | | | | | |
| Principal/Supervisor Approval | | | | |  | | | | |
| Technology Director Approval | | | | | |  | | | |
| Federal Program Director Approval | | | | | | | |  | |
|  | | | | | | | | | |
| I understand that I am responsible for the above asset while in my possession, both on and off site. I understand it is my responsibility to report any damage or loss while this asset is in my possession. I agree to reimburse the Stone County School District for any loss due to my negligence.  \***PLEASE FOLLOW THE FEDERAL PROGRAMS INVENTORY & FIXED ASSET PROCEDURES FOR SPECIFIC DETAIL INSTRUCTIONS FOR ALL FEDERAL FUNDED ASSET\*** | | | | | | | | | |
| Employee Signature | | | |  | | | | | |
| Date Borrowed | |  | | | | | | | |
| Date Returned | |  | | | | | | | |
| Employee Signature | | | |  | | | | | |
| Note: Keep original with your fixed asset room inventory sheet. | | | | | | | | | |