**STONE COUNTY SCHOOL DISTRICT**

***Temporary Transfer of Fixed Asset***

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| --- | --- | --- | --- |
| 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. |