Date



PROPERTY MANAGEMENT DEPARTMENT TEMPORARY REMOVAL OF PROPERTY

(Receipt For Equipment)

Complete form prior to removal of equipment from your cost center. Removal is on a <u>temporary</u> basis only.

School or Department			Cost Cente	Cost Center Number		
	Employee	☐ Student	Parent	☐ Vendor	☐ TIS	
Individuals Name or Vendor Name Signed Out To						
Qty	PC Number	Serial Number		Description		
_						
The abo	ove property is tempora	arily located at:	Purpose of Re	moval: REPAIR 🗆	LOAN 🗆	
Street Address, Apt. #				Contact Phone #		
City, State, Zip				Expected Return Date		
Printed Name of Recipient				Signature of Recipient/		
 My signature on this form affirms my agreement to abide by LCSB Policy 7530 including elements of the policy listed below. The staff member who has signed for the property agrees to provide reasonable care, custody and control over the property. In case of loss, a police report shall be required that indicates no negligence on the part of the employee. In case of loss from a vehicle or home, the borrower agrees to submit a claim to their insurance as primary with the district to reimburse the employee's deductible if no negligence is found In all other cases of damage or loss or "mysterious disappearance" liability responsibility rests with the borrower to replace or have repairs made to the affected property in case of loss or damage. 						

Administrator's Signature for Approval