This form is to be completed for equipment leaving your cost center.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| School or Department |  | Date |

|  |  |  |  |
| --- | --- | --- | --- |
| Quantity | P.C. # | Description | Serial Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The property above is temporarily located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For \_\_\_\_\_\_Repair \_\_\_\_\_\_Loan

 Signature of Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\***My signature on this form affirms my agreement to abide by LCSB Policy 6.06 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.**

\*\*ADMINSTRATOR’S SIGNATURE FOR APPROVAL:

DATE:

Property has been returned to site by:
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_