

**GULFPORT SCHOOL DISTRICT
Assignment of Fixed Assets
(Hand Receipt)**

To: Inventory Specialist

From: _____
(Employee Name) (Student Name)

Date: _____

Equipment/s Home Site: _____

This is to verify that I have the equipment listed below and I am using it to conduct school district business. I will be held responsible for the equipment while it is in my possession. If lost, stolen or broken I may be asked to replace the equipment.

Description of Equipment	Serial Number	Control Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Staff/Student/Parent Signature

Employees Signature

Department Head/Principal Signature

Inventory Specialist Signature

RETURN OF EQUIPMENT

Date

Inventory Specialist Signature

Please file a copy in site inventory records.