

**STONE COUNTYS SCHOOL DISTRICT**

***Temporary Transfer of Fixed Asset***

Asset Number \_\_\_\_\_ School/Department \_\_\_\_\_

Asset Description \_\_\_\_\_

Serial Number \_\_\_\_\_

Purpose \_\_\_\_\_

Principal Signature \_\_\_\_\_

Tech Director Signature \_\_\_\_\_

Federal Program Director Signature \_\_\_\_\_

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.