

**Georgetown County School District
Fixed Asset Management Equipment Sign-Out Form**

School/Department Name: _____

Staff Member Name: _____

Staff Member Position: _____

Equipment Information

Make: _____

Model: _____

Serial Number: _____

District Barcode Number: _____

Description: _____

Date equipment is to leave site premises: _____

Date (approximate) equipment is to be returned: _____

I understand I am responsible for any costs incurred with replacement of this equipment not covered by school district insurance.

Signature of Employee: _____

Signature of Principal/Dept Head: _____

Date: _____

Date Equipment Returned: _____

Signature of Employee: _____

Signature of Principal/Dept Head: _____