



UNION COUNTY SCHOOL DISTRICT

Building The Future One Child At A Time

REMOVAL OF CAPITAL ASSET FROM CAMPUS/PREMISES FORM

DATE: _____

TO: Principal

FROM: _____

RE: Removal of Capital Asset from Campus

SCHOOL: _____ TEACHER: _____ ROOM NO. _____

PLEASE CHECK REASON:

_____ This is to certify that I have the equipment listed below and am using it to complete official school business.

_____ This is to certify that the equipment listed below is being repaired by

(Company Name)

Description	Serial Number	Tag Number

Teacher's Signature

Date

Principal's Signature

Date

Please retain this form on file in the principal's office and in the teacher's room until the asset is returned in good condition to its assigned location.

KEN BASIL
Superintendent

WINDY FAULKNER
Assistant Superintendent

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