Brownsville Independent School District

Authorization Form To Borrow Equipment

(Please return to the Fixed Assets Department)

Please Type:

|  |  |
| --- | --- |
| Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| School / Department #: |  | Location # |  |

|  |  |  |
| --- | --- | --- |
| **Description of Equipment** | **Serial #** | **Asset #** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

The school district has issued the items listed above to me. I understand that I am responsible for the safekeeping of the equipment. I also understand that I will bear the financial burden of replacing the item(s) if damaged, stolen or lost (as per Local Policy CFB). I will assist the district in the event of an audit by providing the information requested and / or by returning the equipment to the district.

Employee’s Information:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | |
| Home Address: | | |  | | | | |
| Home Phone Number: | | | |  | Work Phone Number: | |  |
| Signature: | |  | | | Employee # |  | |

Permission has been granted to the above employee to check out the items listed above.

Approving Administrator

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  | | Date: | |  | |
| Print Name: | |  | | Title: | |  |

Please fax copy to 548-8680 with proper signatures to the Fixed Assets Department. For more information please call 548-8375.

*(Rev 1/2012)*