



**C** LARKSDALE MUNICIPAL SCHOOL DISTRICT  
Education of our Children: **TOP PRIORITY!**

Asset Form F

**FIXED ASSET CHECK-OUT FORM**

**This is to verify the property listed below has been checked out of its assigned location and will be at the address listed below. The person checking out this property assumes all responsibility for said property until it is returned to the Clarksdale Municipal School District.**

**Description of property**

**Serial #**

**Asset Tag #**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Check-out Date:** \_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Person Receiving Property**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Signature of Authorizing Employee**

**Return Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Employee Returning Property**