



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

ROOM EQUIPMENT ASSET FORM

**Clarksdale Municipal School District
P.O. Box 1088
101 McGuire Street
Clarksdale, MS 38614**

DATE_____

SCHOOL_____

TEACHER_____

ROOM NUMBER_____

ASSET NUMBER	DESCRIPTION	MODEL (BRAND) NAME & NUMBER	SERIAL NUMBER

*** Note: Every item must have a description, model (brand) name and number, and serial number. Some of the newest equipment may not have a barcode label with an asset number on it. All others should be listed.**