

East Tallahatchie School District

Raymond Russel, Superintendent
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Add Fixed Asset Form

Asset Number:

Asset Description:

School/Location:

Room Number

Teacher/Employee Name:

Purchased from (Name of Company and Vendor)

Date of Purchase:

Purchase Order No.:

Received Date:

Cost:

Fund:

Check No.:

Brand/Manufacturer:

Model Number:

Serial:

This is to verify that I have the new equipment listed above and assume responsibility for the asset. This also verifies that a fixed asset number has been placed on the above item.

Teacher/Employee Signature:

Administrator Signature:

Date:

Please forward this form to _____ at the Central Office.

Entered into computer: