NORTH PANOLA SCHOOL DISTRICT

"Leadership • Collaboration • Innovation"

Chad Spence, Superintendent



FIXED ASSETS MANAGEMENT SYSTEM: SHORT-TERM CHECKOUT FORM (Less than one year)

Name to Whom Asset is Assigned:		_ Assigned Location and Room:
Name of Person Checking Out:		Assigned Location and Room:
Date Checked Out:	Expected Date	of Return:
Signature of Staff Checking Out Item: By my signature	ature, I understand that I a	m now responsible for the equipment listed below.
Signature of Staff Releasing Item:		
It	tem(s) Checked	Out
Item Description	Tag Number	Additional Information
	-	
Date Returned:	Returned By:	
Notes upon return, if applicable:		
NOTE: This form should be filled out co	mpletely and copied, and h	oth parties should retain a copy for their

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records.