

HAZLEHURST CITY SCHOOL DISTRICT
119 Robert McDaniel Drive
Hazlehurst, MS 39083
Mr. Cloyd Garth, Jr., Superintendent

Add Asset Request

 (Vendor's Name)

 (Department/School)

 (Room Number/Location)

Acquisition Type: _____ Purchased _____ Donated _____ Leased (please attach lease/financing agreement)

Model #	Description of Item	Serial #	Purchase Order #	Cost

Date Ordered: _____

Date Received: _____

Date Entered Into System: _____

Entered By: _____

Signature: _____

Date: _____

Technology Department: _____

Campus Asset Manager: _____

To Be Completed At Time of Physical Transfer of Inventory

I am transferring all responsibility for the above inventory item(s) _____
 (Technology Department Signature)

I am accepting responsibility for the above inventory item(s) _____
 (Employee Signature)

Date Transfer Completed: _____ Transfer Completed By: _____