

**ROBSTOWN INDEPENDENT SCHOOL DISTRICT  
ASSET USAGE FORM**

1. \_\_\_\_\_ TDL # \_\_\_\_\_  
(NAME AND DRIVERS LICENSE # OF EMPLOYEE MAKING REQUEST)

\_\_\_\_\_  
(EMPLOYEE'S ADDRESS OR PLACE WHERE ASSET WILL BE TEMPORARILY USED)

2. Reason for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Employee shall take all reasonable care to protect the equipment from loss or damage. In the event such equipment is lost, damaged, destroyed, or stolen while in employee's issuance, the employee shall be liable to the Robstown Independent School District for:
- A. The cost of having such equipment repaired.
  - B. Reimbursement to RISD for the asset at its replacement value or original cost to RISD.

ASSET DESCRIPTION	SERIAL NO.	TAG NO.

4. Dates (s) to be used out of the building: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
School Department

\_\_\_\_\_  
Date

Date Returned & Signature: \_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

**APPROVED:**

\_\_\_\_\_  
Principal or Administrator's Signature

\_\_\_\_\_  
Date

PLEASE COMPLETE AND RETURN TO THE BUSINESS OFFICE
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