

REQUEST FOR USE OF MATERIALS OWNED BY WINDBER AREA SCHOOL DISTRICT

NAME:	
ADDRESS	
TELEPHONE:	
ITEM(S) TO BE BORROWED	
DATE OF ITEM(S) DISPERSED:	
DATE ITEMS(S) WILL BE RETURNED:	
SCHOOL EMPLOYEE DISBURSING ITEM(S)	
DATE ITEM(S) DISPERSED:	
DATE ITEM(S) RETURNED:	

Superintendent's Approval: _____

Date: _____

RETURN THIS FORM TO THE OFFICE OF THE SUPERINTENDENT WHEN THE TRANSACTION IS COMPLETE.