

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
ITEMS OUT FOR REPAIR

Facility Name: _____ Facility Number: _____
 Item Sent To: _____ Date Sent: _____
 Address (if sent out of district): _____
 City, County, State, Zip: _____
 Contact Name: _____ Phone Number :_(____)_____

Property Record Number	Serial Number	Description

Sent By: _____
Property Custodian /Designee Signature Print Name Date

Received By: _____
Signature Print Name Date

Complete this section when the item(s) have been returned (Not valid for more than one year from date sent)

Date Returned: _____

If item(s) have been replaced or any other changes have been made make comments below. Attach additional information, if needed.

Returned By: _____
Signature Print Name Date

Received By: _____
Property Custodian/Designee Signature Print Name Date

Administrator: _____
Signature Print Name Date