

THE SCHOOL DISTRICT OF PHILADELPHIA SECURITY DIVISION PROPERTY REMOVAL PASS	NAME OF SCHOOL/FACILITY AND ADDRESS:	DATE AND TIME:
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A.M.
P.M.

TYPE: EQUIPMENT MACHINE TOOLS BOX BUNDLE CAN OTHER: _____

DEPARTMENT:	ROOM NO.:	FLOOR:
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IF PROPERTY IS BORROWED FOR EDUCATIONAL PURPOSES, CHECK HERE. COMPLETE THIS SECTION AND SIGN WHERE IINDICATED.

Reason(s) for borrowing equipment: _____

EQUIPMENT IS TO BE RETURNED IN WORKING ORDER BY: _____

Date

I agree the equipment listed below must be returned to the _____ . I will be responsible for paying the replacement value of the equipment not returned, or paying for any assessed damage to the borrowed equipment.

Employee's Signature

THE NAMED PERSON BELOW IS AUTHORIZED TO REMOVE FROM THIS LOCATION THE ITEM(S) LISTED:

PRINT NAME & TITLE OF PERSON AUTHORIZED TO REMOVE	SIGNATURE OF PERSON AUTHORIZED TO REMOVE
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QTY.	DESCRIPTION (Name, Make, Model, Color, etc.)	SERIAL NO.	INVENTORY NO.	CONDITION	REMOVAL	
					PERM.	TEMP.

REMOVAL AUTHORIZED BY:	TITLE:	TIME:
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PROPERTY REMOVAL CONFIRMATION

NAME OF SECURITY PERSON/SCHOOL ADMINISTRATOR:	TITLE:	TIME:
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