ADD EQUIPMENT

JOHNSON CITY SCHOOLS

TO: _____ JOY BAKER, RISK MANAGER, CITY OF JOHNSON CITY

_____ LEIA VALLEY, SUPERVISOR OF FINANCE, JOHNSON CITY SCHOOLS

FROM: _____ PRINCIPAL

_____ LEIA VALLEY, SUPERVISOR OF FINANCE, JOHNSON CITY SCHOOLS

DATE: _____

SUBJECT : REQUEST FOR INSURANCE ON EQUIPMENT - _____

_____ SCHOOL/DEPARTMENT

JOHNSON CITY SCHOOLS

PLEASE PLACE THE FOLLOWING EQUIPMENT ON THE INSURANCE COVERAGE LIST

BARCODE #	P.O. #	MODEL #	ITEM DESCRIPTION & BRAND NAME	SERIAL #	DATE OF PURCHASE	PURCHASE PRICE	FUND PURCHASE FROM/GIFT
						$ -	

_____ SIGNATURE OF PRINCIPAL/SUPERVISOR

_____ LEIA VALLEY, SUPERVISOR OF FINANCE