

GOVERNMENT of the VIRGIN ISLANDS
DEPARTMENT of EDUCATION
Fixed Asset Assignment Form

Line #	Requisition #	Fixed Asset Description	Fixed Asset Quantity	*Warranty or Service (Y/N)	Federal or Local	District	Location Name	Floor	Room	Department	Custodian Name (End User)	Custodian Phone # or email Address	Purchase Order #	Delivered Date	Comments
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LEGEND:
Blue columns are required
Yellow columns are optional

NOTE:
*Warranties and or Service Maintenance Agreements purchased on any of the above listed Fixed Assets must be forwarded to vide.warranty@vide.vi