

Vendor Technology Equipment Checkout Form

900 S. Cedar Ridge Dr. | 972-708-2300

DUNCANVILLE I.S.D. TECHNOLOGY



ideaTeam
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| | | | |
|----------------------|--|-----------------|--|
| Vendor: | | | |
| Contact Name: | | Phone #: | |

| | Make | Model | Serial # | Asset Tag # | Date Checked Out | Date Returned | Value of Equipment |
|----------|------|-------|----------|-------------|------------------|---------------|--------------------|
| Device 1 | | | | | | | |
| Device 2 | | | | | | | |
| Device 3 | | | | | | | |
| Device 4 | | | | | | | |
| Device 5 | | | | | | | |

Please read the following and sign below.

1. I agree to accept full responsibility for and to protect the above equipment from loss or damage. I understand failure to take responsible care of district issued equipment may result in the District's refusal to issue any equipment to me. I understand that I or my company must pay should the equipment become lost, stolen or damaged. I agree to store the equipment in a safe and secure environment at all times, and I agree to not to remove equipment from school premises.
2. I will follow the **Vendor Acknowledgement of Security Access for Individual Responsibilities** found in the **DISD Vendor Application Request Form** found on the Duncanville ISD Technology Website.
3. I understand that I am responsible for reporting any need for repair and/or replacement of District equipment. I will not attempt to repair equipment myself.
4. I understand that in the event that a device or cable is lost or stolen, I must follow District property loss/stolen reporting procedures and also report lost/stolen equipment to the CTO or Technology director. Falsification of government records is a criminal offense.
5. I understand I am fully responsible for the equipment and certify that I am using it for district business.
6. Once my assignment with Duncanville ISD is complete or In the event I am no longer contracting with Duncanville ISD, I agree to immediately return this equipment and all peripherals at the time of separation. The equipment and all peripherals are to be returned to the Technology Department at the IDEA Hub, 900 S. Cedar Ridge Dr., Duncanville, TX 75137.

Technology Equipment and Peripherals Issued

| | |
|----------------------|--------------------------|
| Vendor Signature: | Date Received: |
| Equipment Issued by: | Date Issued: |
| | Expected Date of Return: |

Technology Equipment and Peripherals Returned

| | |
|------------------------|----------------|
| Vendor Signature: | Date Returned: |
| Equipment Received by: | Date Received: |

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Additional Devices

| | Make | Model | Serial | Asset Tag | Date Checked Out | Date Returned |
|-----------|------|-------|--------|-----------|------------------|---------------|
| Device 6 | | | | | | |
| Device 7 | | | | | | |
| Device 8 | | | | | | |
| Device 9 | | | | | | |
| Device 10 | | | | | | |