POS Equipment Log

Name of person completing form: _____

School Site: _____ **Fiscal Year:**_____

Date Issued	Issued To	Recipient (Initial)	Date Returned	Returned By	Received (Initial)

By initialing above you agree to take full responsibility of the equipment. Equipment should not be used for anything other than the Point of Sale (POS) for Associated Student Body activities. Damage or improper usage of the equipment may bar you from any future use of this equipment or program.