COMPUTER and OTHER EQUIPMENT CHECKOUT

GREAT FALLS PUBLIC SCHOOLS

DATE_____ SCHOOL_____ ROOM_____

The computer equipment, software, and/or other equipment listed below will be located at the following address:

NAME_____

ADDRESS_____

PHONE_____

SOFTWARE

_____

_____

_____

_____

EQUIPMENT	ITEM/SERIAL NUMBER	CONTROL #
CPU	_____	_____
MONITOR	_____	_____
PRINTER	_____	_____
OTHER	_____	_____
OTHER	_____	_____

MANUALS

_____

_____

_____

_____

The user is responsible for installing legal software on the computer.

I understand all materials will be returned if I leave Great Falls Public Schools.

Signed_____ Date_____

Approved_____ Date_____
                           (Principal)

Returned_____ Checked By_____

     Memo _____

_____

_____

Check insurance for coverage.

Distribution:
White: School   Yellow: IT   Pink: Teacher