

EQUIPMENT CHECKOUT FORM

Employee name: _____ Employee ID #: _____

Campus/department: _____

Description of equipment: _____

Serial Number: _____ Model Number: _____

Waco ISD I.D. No. and Bar-Code Number: _____

Check out date: _____ Scheduled Return date: _____

By signing below I accept full responsibility for the equipment I am checking out and I agree to return it before the date above stated.

If for some reason the equipment is damaged or lost, I will accept liability for the repair or replacement value.

Employee signature Date

Supervisor Approval Date

Misuse of this equipment will serve as grounds for dismissal.

To Be Complete When Equipment is Returned

Return Date: _____

Condition of Equipment: _____

Employee Signature Date

Checked In By Signature Date