

Equipment Check-Out Form {Summer}

I hereby certify that my name and employee ID number are correct. I understand that by signing out the equipment, I assume responsibility for its condition, and will assume any charges that go towards replacement or repair in the event that the equipment is lost or damaged.



Name: _____

Employee ID #: _____

Title: _____

Department: _____

Personal Phone #: _____

Check Out Date: _____

Description of Equipment	Barcode # (white sticker)	Fixed Asset # (silver plate)

Patron Signature: _____

Date: _____

Admin Signature: _____

Date: _____