Distribution Equipment Check out Form

Distribution Center
224 S. Aransas Mathis, TX 78368

rhuerta@mathisisd.org ktrevino@mathisisd.org

Request Date: _____

PLEASE MARK THE TYPE OF REQUEST:

_____ Equipment Use **_____ Equipment Assignment**

Campus/Location: _____

Requesting Employees Name: _____

Administrators Approval: _____

QTY	DESCRIPTION

Received By: _____Kimberly Trevino_____ **Date: _____**

Assigned By: _____Kimberly Trevino_____ **Date: _____**

Approved By: _____ **Date: _____**
(Administrator)

Accepted By: _____ **Date: _____**
(Employee)

Delivered By: _____ **Date: _____**
(DC/Maintenance)