EQUIPMENT CHECKOUT REQUEST

- ☐ EMPLOYEE
- ☐ STUDENT
- ☐ OTHER

PLEASE PRINT ALL INFORMATION AND SUBMIT TO LOCATION ADMINISTRATOR FOR APPROVAL.

DATE: _____ LOCATION: _____

NAME: _____ SSN: _____

ADDRESS: _____

EQUIPMENT NEEDED FROM: _____ TO: _____

JUSTIFICATION: _____

INVENTORY #	DESCRIPTION	MODEL	SERIAL #	COST

I CERTIFY THAT THIS EQUIPMENT WILL BE USED FOR BUSINESS/EDUCATIONAL PURPOSES ONLY. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR LOSS OR DAMAGE TO THIS EQUIPMENT UP TO THE REPLACEMENT COST OF THE ITEM (S).

Employee / Student Signature _____ Date

Supervisor / Teacher Signature _____ Date

Control Agent Signature _____ Date
(Approval Required for All Checkouts)

Associate Superintendent for Finance _____ Date
(Approval Required for Extended Checkouts)

CHECK OUT _____
(DATE) (BY) (CONDITION OF EQUIPMENT)

CHECK IN _____
(DATE) (BY) (CONDITION OF EQUIPMENT)