**Equipment Check-Out Form**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Inventory Number** | **Equipment** | **Serial Number** |
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By signing by the designated items on this printout, I am accepting

responsibility if lost, damaged or stolen due to my negligence. If computers, I

agree not to install unauthorized copies of software, used either for personal or

business purposes, and adhere to software copyright infringement laws.

I agree to report and document any change in status of the equipment I am accountable

for. If stolen, I agree to immediately report such theft to my supervisor and have the

appropriate parties obtain a properly executed police report.

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Employee Date

Office Use Only

Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fixed Asset Manager Date