

EQUIPMENT CHECKOUT FORM

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Date of Check out: 07/19/2016

Date of Scheduled Return: 08/08/2016

Person: Doe, John

ID Number: 0193

Phone: 222-222-2222

Email: borrower@email.com

Address:

address line 1

city

state

zip

Reason: equipment check out notes

In accordance with ORGANIZATION policy, the above equipment will be used exclusively for ORGANIZATION related business. The above equipment will be returned by the scheduled date of return.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Equipment Returned

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Date: \_\_\_\_\_

Condition: \_\_\_\_\_

Signature for Equipment Returned: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Received by: \_\_\_\_\_