

Equipment Checkout Form

_____ would like to use the following item(s):
NAME _____

Item(s)—Description and Quantity: _____

Reason Needed: _____

Will Return: Date _____ Time _____

Check Out: Approved Denied

By: (Staff Signature) _____ Date: _____

Comments/Instructions: _____

Check Out By: _____ Date: _____

Check In: Date _____ Staff Initials _____ Time: _____