

Technology Equipment Checkout Form

This form will be retained in an inventory file. The recipient will be responsible for the equipment until it is checked into the library or transferred to another staff member. If the equipment is transferred to another staff member it is required that a signed copy of the Checkout Form is submitted to Tri-County to the attention of the technology staff. Check in Instructions: attach a copy of this form to the equipment noting the check in date. Retain a copy for your records.

Listing Number DME Office Use Only ID: _____ Serial Number: _____ Date Checked Out: _____ Checked Out To: _____ Checked Out By: _____ Check In Date _____ Student Name _____	Barcode Number DME Office Use Only Equipment Name: _____ _____ Location Signature Signature	_____ _____ _____ _____ _____ _____ _____ _____ _____
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If equipment is checked out for single use it should be returned when that student no longer uses it.

Notes _____

If the person the equipment will be checked out to is not available have another staff person sign for the equipment

Received by _____ For _____

Initials ____ Library Equipment and cameras will be returned to Tri-County at the end of the school year

Notes:

