EQUIPMENT CHECKOUT FORM

NAME _____ **DATE:** _____

SCHOOL _____ **NO.** _____

DEPARTMENT _____ **NO.** _____

PURPOSE or USE: _____

LOCATION OF USE: _____

CHECKOUT DATE: _____

RETURN DATE: _____

Date Returned: _____

Received by: _____

PUSD TAG No.	DESCRIPTION	Serial No.	Note

I ACCEPT CUSTODY AND RESPONSIBILTY FOR THE CARE AND USE OF THE ABOVE PUSD EQUIPMENT
I UNDERSTAND THAT I MAY BE LIABLE TO PARKER UNIFIED SCHOOL DISTRICT FOR LOSS OR DAMAGES.
ALL EQUIPMENT SHALL BE RETURNED TO PUSD ON THE DATE ABOVE OR UPON THE REQUEST OF PUSD.

SIGNATURE _____ DATE: _____
Requestor of use

SIGNATURE _____ DATE: _____
Authorized School Agent