

## 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 RESPONSIBILITY 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 \_\_\_\_\_  
Requestor of use

DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
Authorized School Agent

DATE: \_\_\_\_\_