



Office Equipment Checkout Form

This form is to be used for CCS staff or teachers to check out a school office equipment.

Equipment Descriptions		
Maker:	Model:	Serial Number:
Additional Comments:		

Date Check-Out: _____	For OFFICE USE ONLY [Check-in]	
	Date Returned:	
	Staff Name Signature:	

Borrower Name	Department	<input type="checkbox"/> School <input type="checkbox"/> CHL <input type="checkbox"/> CSL <input type="checkbox"/> ACT <input type="checkbox"/> PTA
Home Address Phone Email		

- I, as the borrower, understand that the use of CCS office equipment is for the sole purpose of conducting work related tasks.
- The borrower will be responsible for return of the equipment in like condition as received.
- If loss or damage of the equipment/property occurs and determination is made that the loss or damage is a result of negligence, the borrower may be held financially responsible for the repair or replacement of the item(s).
- Equipment cannot be loaned or transferred to a third party.

I have read the above information and agree to the terms and conditions herein contained.

Borrower Signature _____ Supervisor _____

Date Signed: