

## **Equipment Check Out Form**

Name:	
Building:	
Date:	
Equipment:	
Serial Number:	
ELPS Inventory Number:	
Equipment Accessories or Peripherals:	
By signing below, I affirm that I have rea Equipment, Supplies and Materials.	nd and understood <b>Board Policy Section 5203</b> <u>Use of District</u>
	quipment listed above, I also understand that I am not my right to contest any damages to the equipment.
If found responsible for any loss or dam replacement of the equipment.	age, I understand that the District will seek compensation or
Signature	Date