

PVCC EQUIPMENT CHECK-IN FORM

EMPLOYEE INFORMATION

NAME _____ ID# _____ OFFICE PHONE# _____

RETURNED EQUIPMENT IDENTIFICATION

DESCRIPTION _____	TAG or SERIAL# _____
INDICATE CONDITION OF EQUIPMENT: GOOD CONDITION <input type="checkbox"/> DAMAGED <input type="checkbox"/> LOST <input type="checkbox"/> (DESCRIBE ANY DAMAGE/LOSS BELOW)	

NEW LOCATION OF RETURNED EQUIPMENT (BLDG/RM#) _____	

DESCRIPTION _____	TAG or SERIAL# _____
INDICATE CONDITION OF EQUIPMENT: GOOD CONDITION <input type="checkbox"/> DAMAGED <input type="checkbox"/> LOST <input type="checkbox"/> (DESCRIBE ANY DAMAGE/LOSS BELOW)	

NEW LOCATION OF RETURNED EQUIPMENT (BLDG/RM#) _____	

DESCRIPTION _____	TAG or SERIAL# _____
INDICATE CONDITION OF EQUIPMENT: GOOD CONDITION <input type="checkbox"/> DAMAGED <input type="checkbox"/> LOST <input type="checkbox"/> (DESCRIBE ANY DAMAGE/LOSS BELOW)	

NEW LOCATION OF RETURNED EQUIPMENT (BLDG/RM#) _____	

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NEW LOCATION OF RETURNED EQUIPMENT (BLDG/RM#) _____	

1) EMPLOYEE VERIFICATION

EMPLOYEE SIGNATURE _____ DATE _____

2) SIGNATURE OF PROCESSING TECHNICIAN

PRINT AND SIGN FULL NAME _____ DATE _____

