# Equipment Sign out form

**Name:** ____________________________

**Date:** ____________________________

**Phone/Ext:** ____________________________

**Department:** ____________________________

**Delivery Date:** ____________________________

**Date Return:** ____________________________

**Address/Location where property would be located:** ____________________________

**I, ____________________________, am signing out the following items and understand that I am held responsible for any and all equipment loaned to myself/department. If not returned I will be held accountable for reimbursement to the LLBO - Facilities Management Department.**

**I do understand that the items I have loaned will be returned in the same condition as when I received them (Clean).**

**Table’s Qty:** ____________________________

**Chair’s Qty:** ____________________________

**Miscellaneous Items:** ____________________________

**Loaner’s Signature:** ____________________________  **Date:** ____________________________

**Authorized By:** ____________________________  **Date:** ____________________________

**Were all items accounted for when returned:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Items Return Date:** ____________________________  **Time:** ____________________________

**Notes:** ____________________________

**Maintenance Employee Signature:** ____________________________

**Telephone Number:** (218) 335-8318  **Fax Number:** (218) 335-4421