



Leech Lake Facilities Management Department 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 _____

*****Maintenance will fill out only*****

Were all items accounted for when returned: Yes _____ No _____

Items Return Date: _____ Time: _____

Maintenance Employee Signature Notes: _____

