

CHECKOUT OF TECHNOLOGY EQUIPMENT/MATERIALS

Property tag number and description of equipment:

Place equipment/materials will be used:

Checkout date: _____

Return date: _____

I have read the District's Administrative Guideline 7530B and assume full responsibility for the equipment/materials listed above.

Signature of person requesting equipment/materials	Date
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Signature of principal	Date
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Signature of technology coordinator (needed only if equipment/materials will be used outside the district)	Date
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Condition of equipment/materials when returned: ____ Satisfactory ____ Unsatisfactory

Signature of staff member receiving the check-in (upon return of equipment/materials)	Date returned
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