**Company Name**

**Equipment Receipt Form**

Please complete the following form upon receipt of any company equipment. A copy of this form will be kept on your personnel file and used to monitor the return of any equipment should you leave the Company. Each completed form should be returned to [***insert name and job title***]     .

|  |
| --- |
| **Equipment** |
| Description of equipment  | **Serial/ID No.** | Condition  |
|       |       |       |
|       |       |       |
|       |       |       |
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|       |       |       |

|  |  |
| --- | --- |
| **Issue** | **Return** |
| Date Issued: |       | Date Returned: |       |
| Issuer Name: |       | Employee Signature: |       |
| Issuer Signature: |  | Manager Name: |       |
| Employee Name: |       | Manager Signature: |  |
| Employee Signature: |  |  |

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