



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Manager: \_\_\_\_\_

---

## Equipment Issue Form

Date	Description	Serial Number	Signature

The employee hereby acknowledges receipt of the equipment, and confirms that in the event that the equipment is damaged due to negligence, lost or stolen, he/she is liable for the replacement, and authorises the company to deduct such monies from his/her salary

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

