

ASSET ACCOUNTABILITY

HUMAN RESOURCES DEPARTMENT

EMPLOYEE NAME:				/ED:				
DEPARTMENT:	г:			N OF :				
POSITION:			SERIAL NUMBER:					
ITEMS/EQUIPMENT:			QUANTITY:					
		ENDORSED BY:		APPROVED BY:				
Employee's Signature (Signature over Printed Name)		HRD Department (Signature over Printed Name)			PRESIDENT / VICE-PRESIDENT			
DATE SIGNED:		DATE SIGNED:		DATE SIGNED:				
NOTE:								
All Equipments that were issued by Biosite Medical Instruments Inc. should be handled with care. Items that will be lost or damaged will								
be charged to the employee on a case to case basis.								

BMI-FORM-HRD-002



ASSET ACCOUNTABILITY

HUMAN RESOURCES DEPARTMENT

DATE SIGNED:

EMPLOYEE NAME:			DATE RECIE	VED:	
DEPARTMENT:			DESCRIPTION EQUIPMENT		
POSITION:			SERIAL NUM	/IBER:	
ITEMS/EQUIPMENT:			QUANTITY:		
	ENDORSED BY:	APPROVED BY:		/ED BY:	
Employee's Signature (Signature over Printed Name)		HRD Department (Signature over Printed Name)			PRESIDENT / VICE-PRESIDENT
DATE SIGNED:		DATE SIGNED:		DATE S	IGNED:
NOTE:				•	

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Employee Signature

(Signature over Printed Name)

Employee Signature (Signature over Printed Name)

DATE SIGNED: