

EMPLOYEE NAME:		DATE RECIEVED:	
DEPARTMENT:		DESCRIPTION OF EQUIPMENT:	
POSITION:		SERIAL NUMBER:	
ITEMS/EQUIPMENT:		QUANTITY:	
ENDORSED BY:		APPROVED BY:	
Employee's Signature <small>(Signature over Printed Name)</small>		PRESIDENT / VICE-PRESIDENT	
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.			
Employee Signature <small>(Signature over Printed Name)</small>		DATE SIGNED:	

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