**ASSET ACCOUNTABILITY FORM**

**Please complete the following form upon return of any company equipment. A copy of this form will be kept in your personal file and used to monitor the return of any equipment should you leave the company.**

**RETURN TO STOCK ROOM**



|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** | {name} | **DEPARTMENT/CLIENT:** | {department} |
| Checkmark with solid fill**DATE HIRED:** | {dateHired} | **POSITION:** | {position} |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **DESCRIPTION** | **BRAND** | **SERIAL NUMBER** | **CONDITION** |
| {#devices}{assignmentDate} | {deviceType} | {brand} | {deviceTag} | {condition}{/devices} |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |



I \_\_{name}\_\_ (**Name of Returner**)

**{checkBox1Checked}{checkBox1Unchecked}**Hereby affirm that the assets detailed above have been returned in good working condition. Therefore, upon signing this accountability form, I relinquish any further responsibility associated with these assets. I have ensured careful handling throughout their possession and am now returning them.

**{checkBox2Checked}{checkBox2Unchecked}**Confirm that the assets entrusted to me have reached the end of their useful life, and therefore, I bear no control or responsibility for their disposal.

I \_JOHN ALBERT LAGO (**Name of Approver**)

**{checkBox3Checked}{checkBox3Unchecked}**Hereby confirm that I have witnessed the working condition of the assets listed above and certify that they are being returned in good working order and will return the assets to the stock room.

**{checkBox4Checked}{checkBox4Unchecked}**Have observed that the assets for disposal have reached the end of their useful life and will dispose of them accordingly.

|  |  |
| --- | --- |
| **EMPLOYEE SIGNATURE:** |  |
| Checkmark with solid fill**APPROVER SIGNATURE:** |  |