

Employee's Signature:

Revision:	1	
Date:		

## **VKS Construction**

## **EQUIPMENT RECEIPT FORM**

ISSUE Employee Information			RETURN Employee Information		
Department	LO GUSTICS & PROGRE	non	Department		
Company	VKS Construction		Company	VKS Construction	
Signature	ASSAY		Signature		
Date Issued	11-10-2019		Date Returned		
Issuer Name	UDUAK ESSIEN		Receiver Name		
Issuer Signature	(San)		Receiver Signature		

## **ACKNOWLEDGEMENT**

I understand that I am responsible for the care and safekeeping of the below listed equipment that has been placed in my possession. I also agree to return this equipment upon demand, or should I leave the company, in the same condition as when it was delivered to me, normal wear and tear excepted.

Employee's Name: AD ES 01

11/10/2019

EQUIPMENT INFORMATION								
No	Description	Model	Serial No	Condition				
1	DELL LATITUDE	3570	6N9X2F2	NEW				