



Pager Receipt form

Name_____

Date_____ Department_____

[] I acknowledge receipt of the pager listed below and agree to the following

pager # ()_____

cap code #_____

value of pgr. \$_____

I will return the item listed above in good working order other than normal wear
And tear, upon request.

If I am unable to return the item I will pay the company an amount equal to the
Resonable value of the item not returned as noted above.

I agree that if the item is lost/broken or not returned the amount can be deducted
From my paycheck.

I understand and agree to the above.

Signature_____