



Media Systems

Location: L 117

Phone: 714-564-6720

Fax: 714-541-8287

EQUIPMENT CHECKOUT FORM

NAME: _____

DEPARTMENT: _____

PHONE: _____

BUDGET #: _____

TAG #	DESCRIPTION / TYPE OF EQUIPMENT	QUANTITY	DATE CHECKOUT	DATE DUE

RETURN

EQUIPMENT RETURNED BY: _____

1. FACULTY / STAFF

a. Return equipment by DUE DATE

b. SIGN & DATE on bottom of form to release responsibility for equipment.

SIGN _____

DATE _____