

Business Contracts



CONTRACT PACK

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EQUIPMENT CHECKOUT AND RESPONSIBILITY FORM

<<Company>>
<<Address1>> <<Address2>>
<<City>>, <<State>> <<PostalCode>>
Phone <<WorkPhone>>

S
CHECKOUT DATE:

Employee Name _____ **A** _____ (Please print)

Department / Supervisor _____

Equipment to be checked out to Employee by Company _____
_____ **M** _____

Included Software and Licenses _____ (attach additional lists if necessary)

Replacement Value of all Equipment and Software _____

Please list any defects, damage or problems with any equipment to be checked out to employee:

Sensitive and Confidential Information

All employees, contractors or staff members have the obligation to protect sensitive and confidential information that may

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Employee Initials _____



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