

To: _____, Program Administrator

From: _____, ABC Adult School

Date:

Subject: Check-in/out Equipment

Adm. Approval: _____

ABC Unified School District
ABC Adult School
EQUIPMENT CHECKOUT

Name: _____

Program: _____

Check-out Date: _____

Please list the equipment (items) you checkout:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Other: _____

Signature: _____ Date: _____

Return Date: _____

Check-In/Received by: _____