



Mancos School District RE-6
395 West Grand Avenue
Mancos, CO 81328
970-533-7748

Equipment Check-Out Form

Loan of School-Owned Equipment

Items may be picked up and returned between 8:00 a.m. & 4:00 p.m. Monday through Friday.

Loan Day and Date: _____ Time of day item will be picked up: _____

Scheduled Return Day and Date: _____ Time of day item will be returned: _____

Reason for Request: _____

Description of Equipment to be Checked Out: _____

Model Number (if applicable): _____ Serial Number (if applicable): _____

I/we understand that while these item(s) are checked out to me/us, I/we are fully and totally responsible for any loss and/or damage that may occur while the equipment is off school premises.

Please PRINT NAME of COMPANY Using Equipment (if applicable): _____

Name of Person Checking Out Equipment (please print): _____

Telephone # of Contact Person (Please list two contact phone numbers): _____

Contact's Address: _____
Mailing Address (if different than street address) Street Address City State Zip Code

Signature of Person Responsible for Equipment: _____ Today's Date: _____

INTERNAL USE ONLY

Principal's Signature of Approval: _____ Date: _____
(Please Check One): Elementary Middle/High School

Maintenance/Technology Supervisor's Signature of Approval: _____ Date: _____
Equipment Condition at Time of Loan (Maintenance/Technology Supervisor please check one): New Fair Poor

Superintendent's Signature of Approval: _____ Date: _____

EQUIPMENT RETURN

Date returned: _____

Maintenance/Technology Supervisor's Signature Acknowledging Return: _____

Equipment Condition upon return (Maintenance/Technology Supervisor please check one): New Fair Poor

Revised: May 2008