THE UNIVERSITY OF TENNESSEE

Equipment Request/Checkout Form

Department_____Date_____

The equipment listed below has been checked out to_____for use as follows:

_____

_____

_____

_____

_____

DESCRIPTION	UT TAG NUMBER	SERIAL NUMBER	DATE OUT	DATE RETURNED

I agree that this equipment will be used only in support of University of Tennessee activities. I also agree to provide reasonable care and safekeeping of this equipment.

Employee's Signature _____ **Date** _____

Approved _____ **Date** _____
(Supervisor)

Approved _____ **Date** _____
(Department Head)

Rev. 4/93