

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)