**EUMC- EQUIPMENT ACCOUNTABILITY FORM**

**(Equipment taken off Premises)**

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| --- | --- |
| DATE TAKEN : | RETURN DATE: |
| Equipment: | Location: |
| By Authority of : | Requested By:  |

|  |  |  |
| --- | --- | --- |
| **Serial#** | **Description#** | **QTY#** |
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1. I understand that I am responsible for reasonable care and safekeeping of the EUMC equipment as listed above and will confine its use for personal reason only. All items listed above are to be retained together and returned to EUMC on the date indicated above. I acknowledge that EUMC at any time may recall this equipment. Additionally, I acknowledge late fees may be charged if this equipment is returned to EUMC beyond the return date.

Received By………………………………………………………..Date…………………

1. This will certify that I,……………………………………….Trustee, received the

Equipment listed above from …………………………………………Date…………..