



CUBA INDEPENDENT SCHOOLS EQUIPMENT CHECKOUT FORM

Location of Items Being Borrowed: _____

CIS employee to release item(s): _____ Signature _____

The _____ requests to checkout items listed below.
(Entity Name)

LIST ITEMS TO BE BORROWED:

Date received by borrower: _____

Name of Item	Quantity	Description or Serial Number

Site Administrator Approval: _____ Date: _____

CIS Employee releasing items: _____ Date _____
(print name) (signature)

CIS Maintenance Transporting: _____ Date _____
(print name) (signature)

Complete the following section when the items are being returned:

CIS Employee receiving items: _____ Date: _____

Name of person returning items: _____ Date Returned: _____

Are all items returned? Yes No

If no, or if damaged, please explain

Other Comments: _____