

Remote Employee Equipment Return Form

Employee Name

Employee ID

Department

Email Address

Phone Number

Return Date

Equipment Details

Equipment Type	Serial Number	Condition
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments

Signature

Date