

Remote Sensing Lab

GPS Device Checkout Slip

Date _____

Checked Out By _____

Email _____

Phone _____

Organization _____

Device Type / Model _____

Device Serial # _____

Asset # _____

Accessories _____

Checkout Date/Time _____

Return Date/Time _____

Notes / Special Instructions _____

User Signature _____

Date _____

Staff Signature _____

Date _____