

Two-Way Radio Equipment Checkout Form

Employee Name	<input type="text"/>
Employee ID	<input type="text"/>
Department	<input type="text"/>
Checkout Date	<input type="text"/>
Radio Model	<input type="text"/>
Serial Number	<input type="text"/>
Accessories (Antenna, Battery, Charger, etc.)	<input type="text"/>
Equipment Condition (at Checkout)	<input type="text"/>
Expected Return Date	<input type="text"/>
Notes	<input type="text"/>
Employee Signature	<input type="text"/>
Date Signed	<input type="text"/>