

# Audio-Visual Equipment Checkout Form

Name

Department

Contact Information

Checkout Date

Expected Return Date

Equipment Details

Item	Quantity	Serial/Asset #	Condition	Notes
<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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Borrower Signature

Staff Signature

Comments/Remarks