

# THE UNIVERSITY OF TENNESSEE

## Equipment Request/Checkout Form

Department \_\_\_\_\_ Date \_\_\_\_\_

The equipment listed below has been checked out to \_\_\_\_\_ for use as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION	UT TAG NUMBER	SERIAL NUMBER	DATE OUT	DATE RETURNED

I agree that this equipment will be used only in support of University of Tennessee activities. I also agree to provide reasonable care and safekeeping of this equipment.

**Employee's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Supervisor)

**Approved** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Department Head)

***For Policy Exceptions:***  
**Approved** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Chief Financial Officer or CBO)