

## SCANNER CHECKOUT FORM

DATE \_\_\_\_\_

**INSTRUCTIONS: This form must be typed or printed legibly. Make copies of this form as necessary.**

Use this form to request permission to check out a scanner from Plant Assets Inventory. It is the responsibility of the department to return the scanner to Plant Assets Inventory in good condition and on a timely basis. Any malfunction of the scanner should be reported to Plant Assets Inventory personnel immediately.

1. By signing this checkout form you are assuming responsibility for the scanner. Any damages will be charged to the department account number. Failure to return the scanner **will result in a charge for replacement costs.**
2. Plant Assets Inventory will not check out a scanner without a valid UK cost center number.
3. Scanners will be checked out for a maximum of two days.

DEPARTMENT REPRESENTATIVE \_\_\_\_\_ PHONE \_\_\_\_\_

DEPT NUMBER \_\_\_\_\_ DEPARTMENT NAME \_\_\_\_\_

COST CENTER # \_\_\_\_\_ ESTIMATED RETURN DATE \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE \_\_\_\_\_

**Do not write below this line.**

SCANNER PROPERTY NUMBER	SERIAL NUMBER	MODEL NUMBER	CONDITION	ACTUAL RETURN DATE

Checked Out To: \_\_\_\_\_  
 (Departmental Representative)

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Plant Assets Inventory Representative)

Return in Good Condition Verified By: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Plant Assets Inventory Representative)