

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 Capital Assets Accounting. It is the responsibility of the department to return the scanner in good condition and on a timely basis. Any malfunction of the scanner should be reported to Capital Assets Accounting 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 seven 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: _____
 (Capital Assets Accounting Representative)

Return in Good Condition Verified By: _____ Date: _____
 (Capital Assets Accounting Representative)