

**TACOMA SCHOOL DISTRICT #10**  
**Equipment Check Out Form**

STAFF MEMBER (CHECKING ITEM OUT): \_\_\_\_\_

CHECK OUT DATE: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

| ITEM(S) BEING CHECKED OUT: | BARCODE NUMBER: |
|----------------------------|-----------------|
|                            |                 |
|                            |                 |
|                            |                 |
|                            |                 |
|                            |                 |
|                            |                 |

ESTIMATED TIME OUT: \_\_\_\_\_  
(Example: 1 month, 09-10 school year, etc.)

ASB ADVISOR'S APPROVAL (IF NEEDED): \_\_\_\_\_

PRINCIPAL'S SIGNATURE: \_\_\_\_\_

\*\*\*\*\*

CHECK IN/RETURN DATE: \_\_\_\_\_

ANY DAMAGE TO EQUIPMENT: \_\_\_\_\_ If yes, what are the repair plans

ASB ADVISOR'S APPROVAL (IF NEEDED): \_\_\_\_\_

PRINCIPAL'S SIGNATURE: \_\_\_\_\_

**\*\*In the event the equipment is damaged or lost, the staff member checking out the equipment may be responsible for the replacement or repairs of the item(s). All equipment will be turned in NO LATER THAN the last day of the school year. If a staff member wishes to check equipment out AFTER that date, a new check out form will need to be completed.**