

**Company Name**

Street Address  
City, State Zip  
Phone Number  
e-mail/web address

**COMPANY  
PROPERTY  
RECEIPT**

Date: December 1, 2004

Employee Name:	Title:
Department:	Cost. Ctr. No.:
Location	Employee I.D. #:

SERIAL NO.	PROPERTY NO.	QTY.	DESCRIPTION	RETURN DATE

PROPERTY WILL BE USED FOR

PLEASE READ AND SIGN
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I acknowledge the receipt of and responsibility for the company-owned property listed above. I agree to maintain the property in good condition and to return it when I cease working for the company, or earlier on request. I promise to report any loss or damage immediately, and I agree to use said property for work-related purposes only.

Signature:	Date:
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APPROVALS
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Supervisor:	Date:
Dept. Head:	Date:
Security:	Date: