



ST. LOUIS BOARD OF EDUCATION
LONG/SHORT TERM EQUIPMENT CHECK OUT FORM

TODAY'S DATE _____

USER'S NAME _____

LOCATION NAME & CODE _____

EQUIPMENT CONDITION

GOOD

FAIR

POOR

RETURN DATE _____ *If short term enter date; if long term write "LONG TERM"*

USER'S SIGNATURE _____

AUTHORIZING SUPERVISOR'S SIGNATURE _____

PURPOSE _____

BRAND NAME AND MODEL NUMBER	SERIAL NO.	DECAL NO.
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Complete this form and return it to the Fiscal Control Office prior to equipment removal.