

ACKNOWLEDGEMENT OF RECEIPT OF COMPANY PROPERTY

Employee Name: _____ Position Number (Engraved on Tools): _____

Description of Tools, Equipment and/or Property Issued to Employee:

Qty	Description	Qty	Description	Qty	Description

By signing this form, I agree to the following:

- I am responsible for properly securing the above listed equipment/tools/property to prevent theft or damage.
- I understand the equipment/tools/property being issued to me are the property of Marshall University and are only to be used when performing work pertaining to my position at Marshall University. I understand the equipment/tools/property assigned to me are not to be taken home and are not to be used for personal use.
- I will use the equipment/tools/property issued to me in the manner intended.
- Upon separation from Marshall University (whether voluntary or involuntary), I will return the equipment/tools/property issued to me.
- I understand routine audits will be performed to ensure I am maintaining the equipment/tools/property that have been issued to me in proper working order (excluding normal wear & tear).

Employee Signature: _____ Date: _____

Supervisor/Manager Signature: _____ Date: _____