## STORAGE OF EQUIPMENT FORM

**Name: Tel no:**

**Department: Date:**

**Description of equipment left for storage Is the item surplus?**

1. …………………………………

1. ..………………………………….

1. …………………………………

**Specified return date:**

# Declaration

I agree to retrieve all items on the date specified.

**Signed:**……..………………

**Print Name**

**Office use only**

**I confirm that the above item(s) have been returned in a satisfactory condition.**

**Signed:**…………………….