Name: Region:

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| --- | --- | --- | --- | --- | --- |
| **Item** | **Serial Number or other Identification Number** | **Date Received** | **Initials** | **Date Returned**  | **Initials**  |
| Camcorder |  |  |  |  |  |
| Laptop |  |  |  |  |  |
| Desktop Computer |  |  |  |  |  |
| iPAD or tablet |  |  |  |  |  |
| Photo Equipment |  |  |  |  |  |
| Printer |  |  |  |  |  |
| Fax and/or Copier |  |  |  |  |  |
| Office Furnature  |  |  |  |  |  |
| Other: |  |  |  |  |  |
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 I understand the above described property is property of the Wyoming Department of Health (WDH) and will be used in compliance with all applicable policies of the WDH and outlined in the WCRS Contract. If property is transferred to another employee, I will notify Wyoming Department of Health immedietly.

Property will be returned to the WDH upon termination of WCRS Contract.

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| --- | --- |
| Contractor Signature | Date |