

Employer Information

Client Company:

Employee Information

Employee Name:

Social Security #:

Equipment Received	
Description, in detail, of equipment received:	

Employee Acknowledgement and Signature

I hereby acknowledge that I have received he equipement listed above. I understand that I am responsible for any charges incurred as a result of personal use or damage. I also understand that upon termination of my employment, I am to return this equimment to my employer. If it is not returned, the full replacement cost of this equipment will be deducted from my last paycheck.

Employee Signature: ____

Date:

Prosperity PEO Use Only	
Received by:	Processed by:
Date:	Date:

Client #: