**LCI Property Acknowledgement of Receipt**

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| **Serial Number­­:** |
| **Make and Model:** |
| **Equipment Included:**Bag: Y/NCharger: Y/NMouse: Y/N**Other Items:** |

By signing this form, I agree to the following: I am responsible for the equipment or property issued to me; I will use it/them in the manner intended; I will be responsible for any damage done (excluding normal wear and tear); upon separation from the Company, I will return the item(s) issued to me in proper working order (excluding normal wear & tear); I will replace any items issued to me that are damaged or lost at my expense; I authorise a payroll deduction to cover the replacement cost of any item issued to me that is not returned for whatever reason, or is not returned in good working order.

**Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**