

**Doña Ana County Head Start
Equipment Check-Out Form**

Name: _____

Date: _____

The following equipment has been checked out for use at home in conjunction with Doña Ana County Head Start related work.

Serial Number	Description	Value

The employee is responsible for the equipment listed above. The equipment should be returned, if requested, for an inventory verification by external or internal auditors.

Signature of Employee

Approved by Supervisor