

Resources Receipt Form

Date: _____

Employee Name: _____

Department: _____ Sub Location, if any: _____

RESOURCES RECEIPTED LIST

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Short Description of end application use _____

I acknowledge that I have received the above items & they items are required to perform the daily functions of my position and are my responsibility to keep in good working order. In case of resource damage, theft or missing unnaturally I will be responsible for it & return back as per company resources policy.

Employee Sign. _____ Date _____

Supervisor Sign. _____ Date _____

Human Resource Department - Exe. Sign _____