

**North Carolina Department of Commerce
Management Information Systems**

EQUIPMENT CHECK-OUT AUTHORIZATION

Date: _____ Agency: _____

Requestor: _____

Address/Location: _____

Type of Equipment: _____

Vendor/Manufacturer: _____

Fixed Asset #: _____ Serial #: _____

Vendor/Manufacturer: _____

Fixed Asset #: _____ Serial #: _____

Sign Out

Sign Out Date: _____

Signature: _____

Sign In

Sign In Date: _____

Signature: _____

Supervisor Signature for Signing Out Equipment More than Five (5) Days or Equipment Permanently Assigned:

Supervisor: _____ Date: _____