The Presbyterian University of East Africa

SCHOOL OF COMMUNICATION STUDIES

SE-2

STAFF EQUIPMENT RELEASE FORM

Name:_____ **School**_____ **Dept./Section** _____

PF Number:_____**NATIONAL ID Number:** _____**Phone:**_____

Equipment Released/Received:

Equipment Description	Model & Serial Number	Quantity	Condition

Pick up Date: _____ **Time:** _____ **Sign:** _____

Purpose:_____

_____

Released By: _____ **Sign:** _____

[To be Filled when Returning the Equipment]

Return Date: _____ **Time:** _____ **Sign:** _____

Received By: _____ **Sign:** _____

Comments:_____

_____