



**CALIFORNIA STATE UNIVERSITY STANISLAUS  
PROPERTY CHECK-OUT FORM**

DATE OF CHECKOUT \_\_\_\_\_

DATE PROPERTY  
RETURNED TO  
DEPARTMENT \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

PROPERTY NUMBER \_\_\_\_\_ SERIAL NUMBER \_\_\_\_\_

DESCRIPTION OF ITEM \_\_\_\_\_

CUSTODY  
TRANSFERRED TO \_\_\_\_\_

REASON \_\_\_\_\_

PROPERTY  
CUSTODIAN \_\_\_\_\_

RELEASE APPROVAL \_\_\_\_\_

RETURN EQUIPMENT BY \_\_\_\_\_

I understand that I may be charged the full cost of  
property released to my care if I am found responsible  
for the loss (including theft due to negligence) or  
damage to such property.

\_\_\_\_\_  
RECIPIENT