**Receipt of Property Acknowledgement Form**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*\*\*\*\*\***

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_acknowledge the receipt of the company property listed below along with the value of each item. I understand that each item must be returned to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in good working condition on or before the date of my last day of work at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or at any time as requested by Management. Where permitted by applicable laws, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may withhold from the my paycheck, or final paycheck, the cost of any items that are not returned when requested. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may also take all action deemed appropriate to recover or protect its property.

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| --- | --- | --- | --- | --- | --- |
| **Item Description** | **ID/Serial #** | **Value** | **Date Given** | **Date Returned** | **Received by** |
| Computer/laptop |  |  |  |  |  |
| Cell phone |  |  |  |  |  |
| Keys |  |  |  |  |  |
| Uniform |  |  |  |  |  |
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**Employee Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Signature**