# Christian Provision Ministries Equipment Checkout Form

Item(s) – Description and Quantity: _____
_____
_____
_____
_____

Reason Needed: _____
_____
_____
_____

Date and Time Needed: _____
Return Date and Time: _____

Check out [ ] Approved [ ] Denied

By: _____ _____
Staff Signature Date

Comments/Instructions: _____
_____
_____
_____
_____
_____

Checked out by: _____ Date: _____

Checked in by: _____ _____ _____
Date Staff Initials Time

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