Hoopa Valley Tribal Council

P.O. Box 1348 • Hoopa, California 95546
Phone (530) 625-4211 • Fax (530) 625-4815

EQUIPMENT CHECK SHEET

Name: _____ SSN: _____

Equipment Check Out

Item	Serial Number	Fixed Asset Number	Value of Item	Date Out	Date Due	Date In
1.)						
2.)						
3.)						

The above equipment is the property of The Hoopa Valley Tribe, and has been issued to the assigned person listed above. The assigned person listed above is responsible for the equipment's care and safe return at the time of layoff, termination, end of office, or date due. The replacement costs of all unaccountable and unduly damaged items will be deducted from the person's pay, as provided below.

CONSENT OF ASSIGNED PERSON:
I hereby authorize the Hoopa Valley Tribal Council, through the Property Manager, to make a COUNCIL, COMMITTEE, CONTRACTS, PAYROLL, AND/OR PER CAPITA DEDUCTION, in accordance with Section 28.11.4.3 of Title 28, Tribal Debt Collection Ordinance, for the replacement of any lost or unduly damaged equipment. This shall serve as oral notice of the Property Manager's perfected security interest and the resulting deduction.

Date: _____ Signature: _____

Date: _____ Signature of Property Manager: _____

Equipment Check In

All of the above equipment that has been returned is depicted by a date of return in the "Date In" column above and with dated signatures on the corresponding lines below.

Sign on the Corresponding Line for Equipment Check In

1.)			
2.)			
3.)			
Signature	Date	Signature of Property Manager	Date