






WEST VIRGINIA LEGISLATURE
Joint Committee on Government and Finance
***** Equipment Form*****

Date:	Date Assigned	Date Returned
Serial Number:	<hr/>	
Component 002	<hr/>	
Inventory Barcode:	<hr/>	
Assigned to:	<hr/>	
Division:	<hr/>	
Tracker:	<hr/>	
Room Number:	<hr/>	
Description:	<hr/>	
	<hr/>	

Every one should be using the PDF versions of the Documents. Fill it out and send it to the required people to be E-Signed using Adobe Reader/ Acrobat signature tools. All signed documents need to go back to the Tracker Listed on the document to be uploaded to Oasis for the Fixed Asset Modification (FM) completion. If there are any questions ask your Tracker. Thank you.

Signature: _____ 


By signing above, I certify that the above equipment was received, and I agree to be responsible for the equipment as long as it is assigned to me or until it is returned by me to Joint Committee on Government & Finance. I agree to follow Joint Committee on Government & Finance acceptable use practices for the equipment received. I agree that the equipment is to be returned to Joint Committee on Government & Finance upon my discharge from employment or upon my resignation.

I further acknowledge and agree that by signing above, should I fail to timely return the above equipment at the time of my discharge or resignation, the replacement cost of such equipment may be recovered by the Joint Committee on Government & Finance from my final wages.


Signature: _____ 

By signing above, I certify that the job duties assigned to the above employee necessitate the employee be allowed to remove the assigned equipment from the Joint Committee offices.


RETURNED EQUIPMENT: If this equipment will be removed from service, please mark one of the following:



___ Sent to Surplus Property ___ Sent to Recycling ___ Item Destroyed ___ Returned to LASD

Signature: _____ 

By signing above, I certify the above equipment was returned.

Signature: _____ 

By signing above, I certify the above equipment was received.
And as applicable, I certify the above equipment was scheduled to be removed from service by the method indicated.