

Receipt of Company Property

Employee: _____

ID Number: _____

Department: _____

I acknowledge receiving the company property listed below. I will maintain the property in good condition and return it upon separation of employment from **Allied Physical Therapy**, or upon earlier request. I will report any loss or damage immediately. I will use the property for work-related purposes only.

Received			Returned	
Item	Qty	No. or I.D.	Returned To (initial)	Date Returned
_____			_____	_____
_____			_____	_____
_____			_____	_____
_____			_____	_____
_____			_____	_____
_____			_____	_____
_____			_____	_____
_____			_____	_____
_____			_____	_____
_____			_____	_____

Employee Signature: _____

Date: _____

HR Representative Signature: _____

Date: _____