

PHYSIO Equipment Check-Out Agreement



Physio, Inc. (Company) agrees to let _____ (Employee) use the item(s) named below for the purposes of fulfilling his/her position with the Company.

A deposit in the amount stated below will be required. Should there be any damage or loss to the item while in the Employees possession, the following replacement cost will be charged to Employee. Any extra/excessive usage of item(s) may incur fees to Employee.

Item: _____ Model/Serial # _____

Accessories:

Replacement Cost \$ _____ Deposit \$ _____ Fees \$ _____ per _____

Date Issued: _____

Item: _____ Model/Serial # _____

Accessories:

Replacement Cost \$ _____ Deposit \$ _____ Fees \$ _____ per _____

Date Issued: _____

I _____ (Employee) will be using the equipment named above and will take good care of the item and return it in same condition minus reasonable wear and tear from normal usage. I agree to the terms above.

This agreement states that I (the Employee) have received a key to the clinic to be used for work related purposes only. I will not make copies of this key nor let anyone that is not authorized by Physio, Inc. use this key. I also agree to return the key upon request or at end of employment.

Employee
Signature _____ Date _____

Authorized by _____ Position _____