

Corporate Equipment Return Receipt

Departing Staff Information

Name	_____	Employee ID	_____
Department	_____	Position/Title	_____
Last Working Day	_____	Date of Return	_____

Returned Equipment List

Item Description	Asset Tag/Serial No.	Condition	Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Confirmation

I hereby confirm that all listed items above have been returned in the stated condition.

Employee Signature / Date

Receiving Staff Signature / Date

Important Notes:

- All equipment must be returned before the last working day unless otherwise approved.
- The accuracy of the equipment list should be verified by both employee and receiving staff.
- Outstanding or damaged items may result in payroll deductions or further actions.
- This receipt serves as a record of equipment return as part of offboarding procedures.