ADDENDUM – 1
EQUIPMENT CUSTODY RECEIPT

EQUIPMENT LOANED

HealthForce Kentucky agrees to lend the following equipment to Educational Institution

KCTCS Tag	Item	Description	Model	Serial	Value

FOR: EDUCATIONAL INSTITUTION

Name (Signature): _____

Name (Print): _____

Title: _____

Date: _____

FOR HEALTHFORCE KENTUCKY:

Name (Signature): _____

Name (Print): _____

Title: _____

Date: _____

EQUIPMENT RETURNED

HealthForce Kentucky received the above equipment from Educational Institution

FOR HEALTHFORCE KENTUCKY:

Name (Signature): _____

Name (Print): _____

Title: _____

Date: _____

SAMPLE