Credit Card Terminal Checkout Form

*Due to demand, the credit card terminal is checked out on a first come, first serve basis and may only be checked out for a maximum of five days.*

Pick Up Date: ___________________________ Return Date: __________

Department: ____________________________________________________

Purpose: ________________________________________________________

If the credit card terminal is damaged, charge the following Index: _______

Requested By: ___________________________ Ext. ___________________ Date: __________

Accepted By: ___________________________ Phone: __________________ Date: __________

**For Official Use Only**

Date Returned: ___________________________

Total Charged To Index: ___________________

Returned By: ___________________________ Ext. __________________ Date: __________

Accepted By: ___________________________ Ext. __________________ Date: __________