

**SAINT PAUL'S COLLEGE
SPONSORED AND FEDERAL PROGRAMS
RETURN OF TRANSFERRED EQUIPMENT FORM**

TO: Activity Director: _____
Activity Title: _____

FROM: Activity Director: _____
Activity Title: _____

DATE: _____

I returned the following equipment on (Date) _____:

DESCRIPTION OF ITEM	SERIAL NUMBER

I certify that the equipment is in the same condition as received.

Activity Director Returning Equipment	Date
Activity Director Receiving Equipment	Date
Department Chairperson	Date
Vice President/Director	Date
Director of Sponsored Programs	Date
Title III Secretary	Date