

Micro-Grant Program

TOOL/MATERIAL LIST

Name: _____

Pickup Date: _____

Pickup Location: _____

Return Date: _____

Return Location: _____

Items being picked up that must be returned (specifically list each item and quantity; if additional room is needed, complete on reverse side):

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

By signing below, I confirm that I will be responsible for the tools/materials listed above, and will ensure they are returned to Valley of the Sun United Way at the Drop-off Location no later than the Drop-off Date listed above. I agree that I will reimburse Valley of the Sun United Way for its out of pocket costs to replace any tool/material that I fail to return in its original condition. **Failure to do so may result in additional legal action against me.**

Signature: _____ Date: _____

Micro-Grant Program

TOOL/MATERIAL LIST

FOR VSUW INTERNAL USE ONLY

Date Items Returned: _____

Receiving Employee: _____

All items returned in original condition Items missing/damaged*

**The Valley of the Sun United Way employee inventorying return must indicate, by way of a check next to each item on the list above, that each item is returned in its original condition. If an item is missing/damaged, the VSUW employee should indicate what is missing and/or how it is damaged.*

602.631.4800

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