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:____________________________
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.