

**CHILD AND YOUTH SERVICES
TINCHER CHILD DEVELOPMENT CENTER
(TCDC)
TEMPORARY HAND RECEIPT FOR CAMERAS**

NAME: _____ **DATE:** _____

<i>ITEM</i>	<i>DATE ISSUED</i>	<i>EXPECTED RETURN DATE</i>	<i>DATE RETURNED & RECEIVED BY: DATE/NAME</i>
CAMERA POLAROID 1 STEP SN: #P1			
CAMERA POLAROID STEP SN: #P2			
CAMERA POLAROID STEP SN: #P3			
CAMERA 35MM POLAROID SN: #1			
CAMERA 35MM POLAROID SN: #2			
CAMERA 35MM POLAROID SN: #3			
CAMERA 35MM POLAROID SN: #4			

Return items clean, and in working conditions to the Trainer's Office by expected return date.

Employee is responsible and agrees to pay for items not returned, or damaged beyond normal wear and tear.

SIGNATURE OF EMPLOYEE

DATE