EVENT:
PICK UP DATE:
DEPARTMENT CONTACT AND EXT:

Printed Name





Mobile Credit Card Equi	pment Agreement (LCSC)	<u>CO 2)</u>
equipment that I am taking into Controller's Office no later that I confirm that all of the items li good working condition. Furth	o my possession belongs to the Connactor (Date & Time) sted below have been provided to ermore, I agree that if any or all of ition in which they were received,	t and understand that the credit card processing ontroller's Office and must be returned to the ome as of the date of this agreement and are in of these items are not returned to the other than the replacement cost for said item(s) will be
(15-digit account	number required)	
entered transactions. I agree to charged to	have the processing fees for any ber required)	transactions or 3.5% plus \$0.15 for manually transactions processed by my department
Equipment & Replacement C	<u>ost</u>	
 12W USB Power Ada Stylus – No Cost Adjustable Tablet Sta Carrying Case – \$12 Protective Case – \$26 	ader & Micro USB charging cabl	ourchased separate from iPad)
Cost to replace <u>ALL</u> equ	ipment - \$420.00	
Check One		
	to the "WarriorStaff" secured With the "WarriorStaff" secured Wi-F	i-Fi network at all times. Fi network and will use Offline mode.
Authorized Department Sign	ature:	
Printed Name	Signature	 Date
Controller's Office Signature	Releasing Equipment:	

Signature

Date