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Date:

Property Revised By:

Witness Sign.

Date:

Date:

Employee Sign.

Social Security #:

Employee Name:

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| --- | --- | --- |
| **Item Description** | **Serial / Identification Number** | **Value ($)** |
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*along with the value of each item. I understand each item must be returned to Elite Payroll Solutions in good working condition.*

acknowledge the receipt of the company property listed below

I

Client No.

Client Company:

**COMPANY PROPERTY RECEIPT**