

State of Iowa Iowa Department for the Blind

ACCEPTANCE OF TOOLS, TRAINING EQUIPMENT, PLACEMENT TOOLS, EQUIPMENT AND PROSTHETIC APPLIANCES

Tools, Equipment or Appliances, described as follows:

QUANTITY	ITEM DESCRIPTION	COST PER ITEM	ITEM TOTAL
Total Amount			

The entire expense of which was paid by the Iowa Department for the Blind, have been received in apparent good order, without expense or obligation on my part for those services covered by the authorization. I understand that the Department for the Blind assumes no liability for accident or injury which may result from provision of or utilization of such equipment.

I agree to use the above-named articles and to protect them from unusual hazards or abuse. I further agree to notify the Department for the Blind of any future difficulties in the use of said articles which have not been corrected after due notice to the company which furnished them.

I agree that upon execution of this instrument legal title to the above described property shall be transferred to me and shall remain with me unless within five (5) years from the date of this agreement, the property is no longer used for the purposes for which it was provided, at that time legal title shall revert to the Department.

Signed: _____

Date of Signature: _____