

Multi-User Electric Breast Pump Return Receipt

Participant Name: _____

Address: _____

Home Phone #: _____

Family ID: _____

Pump was issued from (local agency/site): _____

Pump returned to (local agency/site): _____

Circle Condition: Working Properly Not Working Broken Parts Bug Infestation

If not working, describe problem(s) such as suction, cycling, power, etc:

I certify that I returned this breast pump in the condition described above.

PRINT Name of Person Returning Pump

Relation to WIC Participant

Signature of Person Returning Pump

Date

For Office Use Only

Reason for Issuance: _____

NC Fixed Asset Tag I.D. #: _____

Electric Breast Pump Serial Number: _____

Pump Received by: _____

Return Date: _____