

## Loaner Breast Pump Return Receipt

Date Pump Issued: \_\_\_\_\_

Pump Was Issued To: \_\_\_\_\_  
Participant Last Name, First Name

Client ID: \_\_\_\_\_

Pump Was Issued From: \_\_\_\_\_  
Local Agency/Clinic Name and/or Number

Pump Returned To: \_\_\_\_\_  
Local Agency/Clinic Name and/or Number

Multi-Use Pump Model \_\_\_\_\_

Serial Number \_\_\_\_\_

Pump Condition:    Clean            Dirty            Broken Parts

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 Returnee's Name

\_\_\_\_\_  
Relation to Client: Client, Parent, Friend, etc.

Returnee's Signature \_\_\_\_\_

Date \_\_\_\_\_

WIC Staff Name \_\_\_\_\_

Date \_\_\_\_\_

WIC Staff Signature \_\_\_\_\_

Date \_\_\_\_\_