



Equipment Request Form

Organization: _____ Type of Function: _____

Responsible Party: _____

Address: _____

E-mail: _____ Phone: _____

Desired Date: ____ / ____ / ____ Day of Week: _____ Start Time: _____ End Time: _____

If recurring - Start Date: _____ End Date: _____

I have borrowed the item or items listed below and **assume full responsibility** for the care, use, and return of the same. Should any damage occur to any of the equipment borrowed I will replace or pay for the repair of the damaged item.

Signature of Responsible Party

Date

Items Borrowed:

Condition of equipment before borrowed (note damage):

Name, class, department, or room where equipment was borrowed:

Staff member checking-out: _____

CHECK-IN: (office use only)

Date Returned: _____

Condition at Check In: Same Good Fair Poor

Borrower's Signature: _____

Staff Member Checking In: _____