RECORD OF EQUIPMENT ON LOAN OFF CAMPUS

Date: ___/___/____  Department Loaning Equipment: _____________________________________

Equipment Information: Tag No./AV# ___________________ Serial No. ___________________
________________________________________  __________________________________
________________________________________  __________________________________
________________________________________  __________________________________

Description/Condition________________________________________________________________
____________________________________________
____________________________________________

The location of this equipment while on loan will be:
__________________________________________________________________________________
_________________________________________________________________________________

The equipment described is loaned to:
Name: (please print) _________________________________________________________________
Dept.____________________________________________________________________________

This equipment is on loan from ___/___/___ until ___/___/___.

The above named individual will be responsible for loss due to theft or other cause and any damage, and will provide due care and security for the above described equipment until it is returned to the college. It is also the individual’s responsibility to notify the department loaning the equipment in the event of malfunction, breakdown, need for repair/replacement parts, or if there is any question as to proper operation, care and maintenance of the equipment. In the event of theft, a copy of a police report must accompany notification to the department loaning the equipment to remove it from the asset listing. If the equipment is missing, unaccounted for or returned with damages arising from the individual’s use of the equipment, the above named individual will assume full financial responsibility for replacement or repairs.

Your signature below verifies that you have received and accept responsibility (as described above) for the equipment herein described.

Signature: ___________________________ Date: _________________
Position/Department: _________________________________________________________________
Approving Dean’s Signature: ___________________________ Date: _________________

Please forward a copy of this form to the Office of the Dean of Administration for inventory control purposes.

RECORD OF EQUIPMENT RETURN

The above equipment was returned on _____/_____/_____ by:
(name) ___________________________________________ and received back into inventory by:
(name) ___________________________________________

Authorized Signature: ___________________________

Again, please forward a copy of this form to the Dean of Administration upon return of the equipment.