



INTRAMURAL EQUIPMENT RENTAL REQUEST

NAME: _____ N# (required) _____

ORGANIZATION: _____ ADVISOR: _____

EVENT: _____ DATE(S): _____

PERSON(S) RESPONSIBLE FOR PICK-UP/RETURN: _____

CONTACT PHONE: _____ EMAIL: _____

EQUIPMENT REQUESTED: We cannot guarantee availability of all requests

_____	QTY: _____	_____	QTY: _____
_____	QTY: _____	_____	QTY: _____
_____	QTY: _____	_____	QTY: _____
_____	QTY: _____	_____	QTY: _____

PICK-UP (DATE) _____ RETURN (DATE): _____

SIGNATURES REQUIRED AT PICKUP:

By signing this agreement, I understand that all equipment is to be returned in the original condition in which it was borrowed. If equipment is broken or damaged, I understand that I and/or my organization will be responsible for replacement of equipment by reimbursement of the cost of the damaged equipment. The cost of replacement is to be determined by the current replacement value and will be determined upon inspection of the equipment when it is returned.

BORROWER: _____ STAFF: _____ DATE: _____

ACTIONS REQUIRED UPON RETURN:

INSPECTED BY: _____ DATE: _____ DAMAGE: YES NO

DESCRIBE NATURE OF DAMAGE:

BORROWER SIGNATURE: _____ STAFF SIGNATURE _____

Approved YES NO

Facility Director: _____ Date: _____

Additional notes/comments:

