EQUIPMENT LOAN FORM

*Please print clearly.

BORROWER: __________________________ (Print Name)

Phone: ________________________________

Email: ________________________________

DEPARTMENT: __________________________

PURPOSE: ______________________________

LOAN DATE: ________________ (mm/dd/yyyy)

<table>
<thead>
<tr>
<th>ITEM(s)</th>
<th>DESCRIPTION</th>
<th>COUNT Withdrawn</th>
<th>CAMPUS COUNT</th>
<th>COUNT Returned</th>
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</thead>
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</table>

Use the back of this sheet if more space is needed.

RETURN DATE: ________________ (mm/dd/yyyy)

BORROWER: __________________________ (Signature)

The borrower understands that he/she is responsible for the items listed above and agrees to return all items in the same condition in which they were withdrawn. Damages may incur a cost.

Approved by: __________________________ (Print Name)

______________________________ (Sign and Date)

To be completed when items are returned.

RECEIVED BY: ___________________________ DATE: __________

NOTES: ___________________________