



Code: **KGF/EDC-AR**  
Revised/Reviewed: 10/14/09; 5/19/15

### Off Campus Use of Equipment Request

Name or Description of Equipment: \_\_\_\_\_

\_\_\_\_\_

Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Inclusive Date of Loan From: \_\_\_\_\_ To: \_\_\_\_\_

Specific Description of Intended Use Off-campus: \_\_\_\_\_

\_\_\_\_\_

Specific Location: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I agree to be responsible for the proper care and use of the above described College-owned equipment. I agree to pay for any damages which may be sustained while the equipment is on loan to me. In case of loss or damage of said equipment, I agree to pay the replacement cost of the equipment. If such equipment is no longer available, I agree to pay for an equivalent piece of equipment (equivalent to be determined by the College). It is understood, and I agree, to use the equipment only for the purpose and at the location described above.

NOTE: The College reserves the right to charge a surcharge for equipment used past the dates indicated on this form.

\_\_\_\_\_  
Signature

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

DISTRIBUTION Original: Business Office  
Copy: Return to Business Office when equipment is returned.

\_\_\_\_\_  
Vice President of Administrative Services/or designee