

Control Number _____
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### Request for Borrowing Equipment

Name of Borrower	College/Unit/Office
Purpose(Event/Activity title, date, time and location)	Contact Number

#### Equipment Being Checked Out

Qty	Description	ARE/Property No.	Date & Time Borrowed	Proposed Return Date & Time

By signing below, you agree to the following terms and conditions:

1. To assume full responsibility of proper handling, care and protection of the equipment borrowed.
2. To promptly return the equipment at the date stipulated above.
3. To pay for any damage or loss of equipment and/or any of its accessories during your time of possession.
4. That the equipment borrowed shall be solely used for the activity stated above and shall not be used by anyone else/any group for other activity and event.

Conforme:

Approved and released (OSA Personnel):

\_\_\_\_\_  
Signature Over Printed Name  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Over Printed Name  
Date: \_\_\_\_\_

*(to be filled out by OSA Personnel after returning the equipment)*

Control Number _____
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### Return Slip on Borrowed Equipment

Received from \_\_\_\_\_ of \_\_\_\_\_,  
the borrowed equipment stated in this form with the following observations:

- \_\_\_\_\_ Returned the equipment on time.
- \_\_\_\_\_ Returned the equipment clean and in the same condition it was loaned out.
- \_\_\_\_\_ Returned the equipment with complete accessories.
- \_\_\_\_\_ Replaced lost or damaged equipment

Accepted:

\_\_\_\_\_  
Signature Over Printed Name

Date Returned: \_\_\_\_/\_\_\_\_/\_\_\_\_