

# HOSPITALITY EQUIPMENT LOAN FORM

NAME \_\_\_\_\_ DATE REQUESTED \_\_\_\_\_

DEPT./ORGANIZATION \_\_\_\_\_

EXTENSION \_\_\_\_\_ EMAIL \_\_\_\_\_

STUDENT MDC ID# (if applicable) \_\_\_\_\_

STUDENT CELL # (if applicable) \_\_\_\_\_

I agree to the following terms:

- 1) All non disposable items must be returned
- 2) Items must be returned in the condition they were given
- 3) Requestor will be responsible for replacement of items if lost, damaged or deemed unusable

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

## ITEMS REQUESTED

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Pick Up Date \_\_\_\_\_ Time \_\_\_\_\_

Expected Return Date \_\_\_\_\_ Time \_\_\_\_\_

**OFFICE USE ONLY**

Return Date \_\_\_\_\_

Staff Initials \_\_\_\_\_