****

**Office of Student Life**

**Equipment Check-out Form**

|  |  |
| --- | --- |
| Today’s Date: |  |
|  |  |

Equipment being requested:

**Popcorn Machine** (includes supplies)

\*No charge – department/club responsible for cleaning equipment before return. If not properly cleaned, the department/club will have opportunity to clean. If returned unclean a second time, department club will lose check-out privilege for one year.

**Gas Grill –** Department/club responsible for providing their own propane.

\* Department/club responsible for cleaning equipment before return. If not properly cleaned, the department/club will have opportunity to clean. If returned unclean a second time, department/club will lose check-out privilege indefinitely.

**Contact information for person checking out equipment:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Dept./organization: | | |  | | | |
| Budget code to be charged for damaged supplies: | | | | | |  | | | | |
| Campus phone: | |  | | | Cell phone: | | |  | | |
| Date of event: | |  | Time of event: | | am pm | | | | until | am pm |

Description of event:

|  |
| --- |
|  |

**TO BE COMPLETED BY OFFICE OF STUDENT ACTIVITIES:**

Supplies provided:

Date & Time of Check-out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial: \_\_\_\_\_\_\_\_\_\_\_\_

Equipment due back on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date & Time of Equipment return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial: \_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I understand and agree that my department/organization will be held financially responsible for any misuse of, damage to, or loss of equipment. I agree to return equipment to the Office of Student Life in the same condition in which it was checked out to me. I acknowledge that misuse of or carelessness with equipment may prohibit a group’s use in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Organization Advisor/Dept. Employee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Michael Dailey, Program Manager - Student Life Date