



PRINT LEGIBLY EXCEPT FOR SIGNATURES

EQUIPMENT INFORMATION

CURRENT SITE INFORMATION

ITEM DESCRIPTION		SCHOOL/OFFICE/SITE OF EQUIPMENT LOCATION	DISTRICT
_____		_____	
MODEL NUMBER	SERIAL NUMBER	SITE ADDRESS	
_____	_____	_____	
CONDITION OF EQUIPMENT		PRINT NAME OF EMPLOYEE WHO WILL USE EQUIPMENT OFF-SITE	
_____		_____	

Reason for off-site equipment use: _____

ADDRESS OF PROPOSED OFF-SITE LOCATION	
_____	_____
DATE OF EQUIPMENT TRANSFER	EXPECTED DATE OF EQUIPMENT RETURN TO SITE
_____	_____

Borrower's Agreement

"I agree to be responsible for the designated equipment item while it is in my possession and to return it by the above indicated date. If the item is lost, stolen, destroyed or otherwise rendered inoperative through my neglect, I agree to reimburse the Department of Education for the item at replacement value. If the item is damaged, I agree to pay for its repair."

SIGNATURE OF EMPLOYEE REQUESTING OFF-SITE USE OF ABOVE EQUIPMENT

Approval Signature

PRINCIPAL/SITE ADMINISTRATOR/OFFICE HEAD SIGNATURE

Certification of Equipment Return

Date of Equipment Return _____

- I have inspected the returned equipment and verify it to be the same equipment as described above and have found it to be in the same condition as indicated above.
- Equipment was not returned in the same condition as when it left the site as described above. (Please explain below)

PRINCIPAL/SITE ADMINISTRATOR SIGNATURE