

**Treasure Valley
Community College**

Code: **EDC/KGF-AR**
Revised/Reviewed: 10/14/09

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.

Dean of Administrative Services/or designee