CAMERON UNIVERSITY
EQUIPMENT CHECK-OUT REQUEST

CHECK-OUT INFORMATION
(To be Completed by Person Submitting Request)

Name **Home Address** **Home Phone** **Office Phone**

Purpose for which equipment is requested:

Location to which equipment will be moved:

Requested Check-out Period:
From: _____ _____ **To:** _____
(Hour) **(Date)** **(Hour)** **(Date)**

_____
Signature of Person Requesting Equipment

INVENTORY CONTROL INFORMATION
(To be completed by Dept furnishing the requested equipment.
Information must be from the official inventory listing)

Name of Inventory Account **Inventory Account Number**

Control # **CU Tag #** **Serial Number** **Bldg. #** **Room #**

Inventory Description **Department Description**

_____
APPROVED **DISAPPROVED**

_____
Department Chair or Equipment Supervisor

_____
Division Head or Unit Director

VERIFICATION OF RETURN OF EQUIPMENT
Returned _____ _____
(Hour) **(Date)**

_____
Department Chair or Equipment Supr.

Distribution: 4 copies upon check-out and return; 1 copy each signatory, 1 Business Office