

# DINING SERVICES EQUIPMENT LOAN AGREEMENT



**EVENT INFORMATION:**

Event Date:			Pick-up Date			Pick-up Location & Day							
Month	Day	Year	Month	Day	Year	Lothian	M	T	W	R	F	S	Su
						A-I	M	T	W	R	F		
			Return Date										
			Month	Day	Year								

Group Representing:	Phone#:	Hall:
Staff Name:	Position:	UCR Card #:

**EQUIPMENT ISSUED:**

FULL EQUIPMENT DESCRIPTION	QUANTITY	COMMENTS

**SIGNATURES:**

I will return all the above items on the date indicated above. I assume responsibility for all costs of repairing or replacing these items. I will maintain the items in the same conditions as received.

SIGNATURE OF BORROWER:	DATE:
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ISSUED BY:	DATE:
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**MANAGER'S NOTATION UPON RETURN:**

Except as noted below, all items were received in original condition.

MANAGER'S SIGNATURE:	DATE:
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COMMENTS: