

Loan of College Property in Support of the College Mission

Lender

Department Name: _____ Contact Person: _____

Property

Description: _____

PCS Asset Number (if applicable): _____

Estimated value* (\$1,500 or more requires VP authorization): _____

Condition of property (check one): ? Excellent/new ? Good ? Fair

Borrower

Description of intended use: _____

Organization Name: _____ Contact person: _____

Address: _____ Phone number: _____

Terms of Loan

Date borrowed: _____ Date to be returned: _____

Pick up time: _____ Return time: _____

Transport details (how will equipment be transported and by whom): _____

Location (where the property will be if other than organization address listed above): _____

Certificate of insurance required (check one): ? Yes ? No

As borrower, the organization that I am representing accepts full financial liability for the value of the borrowed property or damage/wear thereto and agree to return said property at the agreed upon time or upon demand, whichever is sooner. If required, I have provided a copy of a certificate of insurance for my organization and/or the transporter.

Accepted by:

(Signature of borrower's representative) (Date)

On behalf of _____ (Organization)

Authorizations

(Department Manager/ Chair signature) (Date)

(Property Control Manager) (Date)

*(Vice President) (Date)

Form revised: 2/9/2016 (copies: Property Control Manager, Borrower, Department Contact, Department Manager/Chair, Next level supervisor)