

# Events Equipment Check Out Form

Check Out Date & Time: \_\_\_\_\_

Return Date & Time: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Location: \_\_\_\_\_

Department, Organization or Individual Hosting the Event: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Description of Equipment Being Checked Out:

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By signing this agreement:

- x You acknowledge your intentions of returning all above items in entirety and without damage
- x You acknowledge your organization, department or individual financial responsibility to replace any or all items that are damaged or lost return.
- x You agree to return all above listed equipment to the Events Office by or before the time and date listed above.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Internal Groups:

Fund #: \_\_\_\_\_ Org #: \_\_\_\_\_

Account #: \_\_\_\_\_

Program #: \_\_\_\_\_