



Emerging Caribbean Scientists Programs

EQUIPMENT LOAN FORM

\*Please print clearly.

BORROWER: \_\_\_\_\_ (Print Name)

Phone: \_\_\_\_\_

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

DEPARTMENT: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

LOAN DATE: \_\_\_\_\_ (mm/dd/yyyy)

ITEM(s) DESCRIPTION	COUNT Withdrawn	CAMPUS	COUNT Returned

Use the back of this sheet if more space is needed.

RETURN DATE: \_\_\_\_\_ (mm/dd/yyyy)

BORROWER: \_\_\_\_\_  
(Signature)

The borrower understands that he/she is responsible for the items listed above and agrees to return all items in the same condition in which they were withdrawn.

Damages may incur a cost.

Approved by: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Sign and Date)

To be completed when items are returned.

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTES: \_\_\_\_\_