

**NON-UNIVERSITY FUNCTION
EQUIPMENT LOAN REQUEST**

TO: DIRECTOR, MATERIALS MANAGEMENT

FROM: _____
Name of Organization Phone No.

Name of Person Making Request Date

(1) This is a request for loan of:

Quantity / Inventory No.	Description

The borrower assumes responsibility for replacing lost or stolen equipment and for repairs to damaged equipment as determined by Materials Management.

(2) Location at which this equipment is to be used:

(3) Purpose for which this equipment is needed:

(4) Organization will pick up this equipment: _____
Time & Date

and return it to place of pick up: _____
Time & Date

This space for official use only

There is no conflict at this time.

There is a conflict at this time.

Type of Conflict _____

Approval Recommended

Approval Not Recommended _____

Director Materials Management & Logistics Date

Approved

Disapproved _____

Associate VP for FS or Vice President for FSS Date

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