

Equipment Checkout Form
Middle Tennessee State University
Information Technology Division

DATE: _____

Equipment Check-Out: (All Equipment is due back to ITD by 3:00 pm of the last day of checkout unless other arrangements are made in advance.)

Checkout Date: _____ **Due Date:** _____

Description: _____ [See attached sheet for detail description of system]

Inventory#: _____ **Serial #:** _____

Name: _____

Department: ** _____

Box #: _____ **Phone:** _____ **Acct#:** _____

** THE ABOVE NAMED DEPARTMENT WILL INCUR ALL EXPENSES FOR THE REPAIR OR REPLACEMENT OF EQUIPMENT CHECKED OUT WHICH IS DAMAGED OR NOT RETURNED.
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Borrower's Signature

Date

Equipment Returned:

Borrower's Signature

ITD Representative

Date

Date