**WCSU RECORD OF EQUIPMENT ON LOAN**

**WESTERN CONNECTICUT STATE UNIVERSITY**

**EQUIPMENT OUT:**

- **DATE:**
  - Todays Date

- **NAME:**
  - Person borrowing equipment

- **IS AUTHORIZED TO REMOVE FROM**
  - Building & office number of borrower

**THE FOLLOWING EQUIPMENT:**

<table>
<thead>
<tr>
<th>WCSU BARCODE</th>
<th>SERIAL NO.</th>
<th>DESCRIPTION/CONDITION</th>
<th>Equipment Cost (Filled in by Property Management)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **THE EQUIPMENT WILL BE USED FOR**
  - Ex. Research, Academics, Administration

- **WHICH IS RELATIVE TO WORK BEING DONE IN THE**
  - Department borrower works in

- **AT**
  - WESTERN CONNECTICUT STATE UNIVERSITY, 181 WHITE STREET, DANBURY, CT 06810

- **THE EQUIPMENT WILL BE LOCATED AT**
  - Home address of person taking equipment

- **FROM**
  - Date that loan is being made

- **UNTIL**
  - **MAXIMUM ONE YEAR FROM DATE OF LOAN:** at which time a new form must be issued or equipment returned to loaner

- **AT WHICH TIME THE ABOVE EQUIPMENT WILL BE RETURNED TO ISSUING DEPARTMENT**

- **THE ABOVE NAMED INDIVIDUAL WILL BE RESPONSIBLE FOR LOSS DUE TO THEFT OR OTHER CAUSE AND ANY DAMAGE AND WILL PROVIDE DUE CARE AND SECURITY FOR THE ABOVE DESCRIBED EQUIPMENT UNTIL THE EQUIPMENT IS RETURNED TO THE AGENCY. IN THE EVENT OF A THEFT, A COPY OF A POLICE REPORT MUST ACCOMPANY THE NOTIFICATION TO INVENTORY CONTROL TO REMOVE AN ITEM FROM THE ASSET LISTING. THE RECIPIENT WILL BEAR RESPONSIBILITY FOR THE RETURN OF EQUIPMENT IN THE SAME CONDITION AS AT THE TIME OF RELEASE. THIS EQUIPMENT CAN BE RECALLED AT ANY TIME FOR AUDIT PURPOSES**

**APPROVED DIRECTOR OR DEPARTMENT HEAD SIGNATURE**

**BORROWER SIGNATURE:** I have read and agree to the terms of the loan stated above

**APPROVED DIRECTOR OR DEPARTMENT HEAD PRINTED NAME**

**BORROWER PRINTED NAME**

**EQUIPMENT RETURNED:**

- **DATE:**
  - Date equipment returned

- **THE ABOVE EQUIPMENT HAS BEEN RETURNED TO**

- **Building and room number equipment returned to**

- **IT WAS ACCEPTED AT THE TIME OF THE LOAN, WHERE REASONABLY EXPECTED.**

- **PLEASE NOTE ANY EXCEPTIONS:**

- **STAFF SIGNATURE:** accepting return of equipment

**BORROWER SIGNATURE**

**BELOW FOR EQUIPMENT BEING RETURNED**

**THIS ORIGINAL FORM MUST BE RETURNED TO THE PROPERTY MANAGEMENT DEPARTMENT. OM-014**

Issuing department retains one copy One copy to borrower