

Educational Technology Services EQUIPMENT HIRE REQUEST

PLEASE PRINT INFORMATION

Requested by:		Telephone:
School/Centre/Unit:		Facsimile:
Authorising Signature:		Email:
Date Submitted:	Date required:	Clients job no. (if applicable):
PURPOSE <input type="checkbox"/> Teaching <input type="checkbox"/> Research Details _____ <input type="checkbox"/> Admin <input type="checkbox"/> Public Relations _____ <input type="checkbox"/> Conference <input type="checkbox"/> Commercial _____ <input type="checkbox"/> Other _____		LOAN <input type="checkbox"/> Short <input type="checkbox"/> Semester From _____ To _____
SPECIAL INSTRUCTIONS _____ _____ _____ _____ _____ <div style="text-align: right;">(Continued on reverse)</div>		

2/4/03 ETS 6245

EQUIPMENT HIRE REQUEST (CONTINUED)		
EQUIPMENT REQUIRED		
Qty	Item	Asset no.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OFF-CAMPUS APPROVAL Reason for removal _____ _____ _____ Removal Authorised by _____ <i>Signature (Head of School/Section)</i> Date _____	I certify that the equipment item/s detailed above will be under my supervision/control over the period stated and acknowledge that I may be held responsible for any loss of, or damage to the same whilst under my supervision/control. _____ <i>Name of Staff Member</i> _____ <i>Signature</i> Date _____	Military Student Use Only Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <i>Name (ASM)</i> _____ <i>Signature</i> Date _____
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