# Loan of College Property in Support of the College Mission

## Lender

Department Name: ____________________________  Contact Person: ____________________________

## Property

Description: ______________________________________________________

PCS Asset Number (if applicable): ____________________________

Estimated value* ($1500 or more requires VP authorization): ____________________________

Condition of property (check one):     ? Excellent/new       ? Good       ? Fair

## Borrower

Description of intended use: ______________________________________________________

Organization Name: ________________  Contact person: ____________________________

Address: __________________________  Phone number: __________________________

## Terms of Loan

Date borrowed: __________________________  Date to be returned: __________________________

Transport details (how will equipment be transported and by whom): ____________________________________________

Location (where the property will be if other than organization address listed above): __________________________

Certificate of insurance required (check one):     ? Yes       ? No

As borrower, the organization that I am representing accepts full financial liability for the value of the borrowed property or damage/wear thereto and agree to return said property at the agreed upon time or upon demand, whichever is sooner. If required, I have provided a copy of a certificate of insurance for my organization and/or the transporter.

Accepted by:

__________________________________________  (Signature of borrower’s representative)  (Date)

On behalf of ____________________________________________  (Organization)

## Authorizations

(Department Manager/Chair signature)  (Date)

(Next level supervisor)  (Date)

*(Vice President)  (Date)

Form revised: 7/5/05  (copies: Property Control Manager, Borrower, Department Contact, Department Manager/Chair, Next level supervisor)