

# Grambling State University

## TITLE III PROGRAMS OFFICE LOANER AGREEMENT PROGRAM EQUIPMENT REQUEST FORM

**For Office Use Only:**

Approved By: \_\_\_\_\_

Denied By: \_\_\_\_\_

To reserve the loaner equipment, you must read and complete this form. Be sure to type all information and submit to the Title III Programs Office. Once you receive an email stating your request is approved, please come to the School of Nursing Building Room 223 to accept equipment. Please allow two weeks for your equipment to be processed.

**PLEASE TYPE**

### Section A: EMPLOYEE INFORMATION

Today's Date <small>Click or tap to enter a date.</small>		Current Semester <small>Choose an item.Click or tap to enter a date.</small>		G Number	
Last Name		First Name		Middle Initial	
Department		Office Location (Building/Room)		Status of Employment <small>Choose an item.</small>	
Home Phone Number		Cell Phone Number		Work Phone Number	
GSU Email Address			Alternate Email Address		
Current Street Address		Apt. Number	City	State	Zip Code
Permanent/ Off-Campus Address		Apt. Number	City	State	Zip Code
Justification					
DATE REQUESTED TO RECEIVE EQUIPMENT <small>Click or tap to enter a date.</small>			DATE REQUESTED TO RETURN EQUIPMENT <small>Click or tap to enter a date.</small>		
TYPE OF TRANSFER REQUESTED <small>Choose an item.</small>			TYPE OF EQUIPMENT REQUESTED <small>Choose an item.</small>		

### Section B: ISSUED EQUIPMENT INFORMATION OFFICE USE ONLY

Type of Equipment	EQUIPMENT DISTRIBUTED <input type="checkbox"/> Table <input type="checkbox"/> Keyboard <input type="checkbox"/> Power Supply <input type="checkbox"/> Stylus <input type="checkbox"/> Mouse <input type="checkbox"/> Carrying Case <input type="checkbox"/> N/A				
Title III Tag Number	State Tag Number		Serial Number		

Distribute		Return	
Date <small>Click or tap to enter a date.</small>	Inspected By	Date <small>Click or tap to enter a date.</small>	Inspected By
Condition Distributed <small>Choose an item.</small>		Condition Returned <small>Choose an item.</small>	

I understand that the equipment listed below will be utilized in accordance with Title III and University regulations. By signing, I fully understand that this equipment will be returned by the date indicated and in full working condition. The equipment and all accessories must be returned in the same condition as the day of checkout. If the equipment is lost, stolen or destroyed, the University is authorized to payroll deduct the cost to repair or replace the equipment.

Employee Signature

Click or tap to enter a

Date