



## Equipment Request Form

525 Orr Drive | 104 Coleman Library | Tallahassee, FL 32307

Phone: 850-599-3460 | Fax: 850-599-3385 | Email: oit@famu.edu | http://www.famu.edu/it

9 month Faculty

12 Month Faculty

Staff

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

College/ School/ Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_

I am going to pick up the equipment myself  I am sending a designated student to pick up the equipment

Student's Name: \_\_\_\_\_

Student's ID Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Checkout Date: \_\_\_\_\_ Checkout Time: \_\_\_\_\_ | Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

Equipment	FAMU Tag Number	Serial Number
<input type="checkbox"/> Table Projection Screen		
<input type="checkbox"/> Floor Projection Screen		
<input type="checkbox"/> DVD Player		
<input type="checkbox"/> Extension Cord		
<input type="checkbox"/> Speakers		
<input type="checkbox"/> LCD Projector		
<input type="checkbox"/> Laptop Computer		
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Other: _____		

I hereby acknowledge receipt of the above described equipment and accept full responsibility for it. The above property must remain on campus unless an approved Off Campus Form is included.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### THIS SECTION MUST BE COMPLETED UPON RETURN OF EQUIPMENT

I hereby certify that the above described equipment has been returned to the Office of Instructional Technology and it is in satisfactory condition.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Official Use Only:

Approved

Not Approved

OIT Signature: \_\_\_\_\_ Date: \_\_\_\_\_