**Grambling State University**

TITLE III PROGRAMS OFFICE LOANER AGREEMENT PROGRAM

**For Office Use Only**:

Approved By:

Denied By:

EQUIPMENT REQUEST FORM

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**

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| **Section A: EMPLOYEE INFORMATION** | | | | | | | | | | | | | |
| Today’s Date  Click or tap to enter a date. | | | Current Semester  Choose an item.Click or tap to enter a date. | | | | | | | | G Number | | |
| Last Name First Name Middle Initial | | | | | | | | | | | | | |
| Department | | | | | | Office Location (Building/Room) | | | | | Status of Employment  Choose an item. | | |
| 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  Click or tap to enter a date. | | | | | | | | DATE REQUESTED TO RETURN EQUIPMENT  Click or tap to enter a date. | | | | | |
| TYPE OF TRANSFER REQUESTED  Choose an item. | | | | | | | | TYPE OF EQUIPMENT REQUESTED  Choose an item. | | | | | |
| **Section B: ISSUED EQUIPMENT INFORMATION OFFICE USE ONLY** | | | | | | | | | | | | | |
| Type of Equipment | EQUIPMENT DISTRIBUTED  Table Keyboard Power Supply Stylus Mouse Carrying Case N/A | | | | | | | | | | | | |
| Title III Tag Number | | | | | State Tag Number | | | | Serial Number | | | | |
| Distribute | | | | | | | | Return | | | | | |
| Date  Click or tap to enter a date. | | Inspected By | | | | | | Date  Click or tap to enter a date. | | | | Inspected By | |
| Condition Distributed  Choose an item. | | | | | | | | Condition Returned  Choose an item. | | | | | |

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| 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. |

Click or tap to enter a date.

Employee Signature Date