

## Simulation Center Equipment and Supply Sign-Out Form

Date of Request: \_\_\_\_\_ Anticipated Return Date \_\_\_\_\_

Borrower's Name: \_\_\_\_\_

Department: \_\_\_\_\_

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

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

### EQUIPMENT BORROWED

Description	Number	Equipment Serial Number (if applicable)	Date Out	Date Back	Return Signature

Equipment must be returned to Simulation Lab by pre-determined time. Be sure to report any damage or loss of equipment to Simulation Lab personnel as soon as possible. All equipment must be cleaned and organized prior to return.

Borrower's Signature: \_\_\_\_\_

Simulation Staff Signature: \_\_\_\_\_

COMMENTS:

