

(956) 882 – 5138 • www.utb.edu/studentlife Student Union 2.10 • Fax (956) 882-7154

## **Equipment Rental Agreement Form**

All equipment requests must be submitted one week prior to pick up date and time, so our department may schedule our student staff to be available to pull/make available items. Not all equipment request submitted will be approved, due to the limited number of assets we have available, or assets you request may already be checked out by our own departments, or other organizations. Please speak to Stephen Cisneros before any assets are checked out. You must be a currently enrolled student to check out items. Sting Card & Texas ID required. Office Hours are open M – F, 8 am – 5pm only.

Student   Organization   Organizat											
Cell Phone	<b>Authorized Agent Name</b>				_	n/					
Cell Phone         General Address         Request         Feedures           Date & Time Item to be Picked Up         Date & Time Item Will be Picked Up         Date & Time Item Will be Picked Up         Start Item Item Will be Picked Up         Start Item Item Will be Returned         Start Item Will be Returned         Start Item Will be Returned         Start Item Item Will be Returned					Depart	ment Name					
Cell Phone											
Name of Event    Date & Time Item to be Picked Up   Fiched Up   Number   Date and Time   Signature   S			Organization	Account No.			Kequ	est			
Date & Time Item to be   Picked Up   Pic	Cell Phone				Email A	ddress					
Returned   Requested   Requested   Staff   Signature   Staff   Staff   Signature   Staff   Staff   Signature   Staff   Staff   Staff   Signature   Staff   Staff   Signature   Staff   Staff   Staff   Signature   Staff   Staff   Signature   Staff   Staff   Staff   Signature   Staff   Staff   Staff   Staff   Staff   Signature   Staff   Staff   Staff   Staff   Signature   Staff   Staff   Staff   Staff   Staff   Staff   Signature   Staff   Staff   Staff   Staff   Signature   Staff   Staff   Staff   Staff   Signature   Staff   Staff   Staff   Signature   Staff   Staff   Signature   Staff   Staff   Signature   Staff   Staff   Staff   Signature   Staff   Signature   Staff   Staff   Signature   Staff   Staff   Signature   Staff   Signature   Staff   Signature   Staff   Staff   Signature   Staff	Name of Event				Locatio	n of Event					
Check   Outer and Time   Agent Signature							be				
Check   Outer and Time   Agent Signature	Equipment Requested					C	Office Use (	Only			
Number   Date and Time   Agent   Staff   Signature   Staff   Sig	• •		Inventory					· ·			
1. 2. 3. 4. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.			Number	Number Date and Tim		Agent Staff		Date and Tin	ne	SL Agent Name	
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4.  5.  6.  7.  8.  9.  10.  It is to my understanding that by accepting item(s) from the Office of Student Life, I will be held completely responsible on behalf of the department/organization listed for replacement of all assets should the item(s) become damaged, stolen, destroyed, lost, or misplaced. The equipment being requested must be returned in the condition that it was received. Additional costs my vary. TO AVOID ANY ADDITIONAL CHARGES, ALL MATERIALS MUST BE TURNED IN BY THE RETURNED DATE. All items must also be cleaned before being returned.  Signature:  Date  Approved: Yes/No Signature:	2.										
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Comments:	Signature:				Approve	d : Yes/No	Signature	nature:			