

REQUEST TO USE MINISTRY OWNED FURNITURE / EQUIPMENT

MINISTRY POLICY : **It is our policy not to loan out ministry owned furniture / equipment for non-ministry related purposes.**

Requesting Organization / Individual _____
 Address _____
 City _____ State _____ Zip _____ Phone No. _____
 Describe Planned Use of Loaned Furniture / Equipment _____

Qty	Description of Furniture / Equipment	Inventory No. or Serial No.	Use Fee (If applicable)
			\$
Total			\$

I agree to be responsible for the repair or replacement of any of the above listed furniture / equipment if it is damaged or misplaced while in my possession. Also, I agree that this furniture / equipment was in good working condition when received.

_____ Date Received

_____ Date to be Returned

Signature _____

FOR OFFICE USE ONLY

Request : Approved _____ Denied _____ Decision By _____ Date _____
(Signature)

Comments Regarding Decision _____

Assigned Liaison Person _____

Good Working Condition When Loaned : Yes [] No []
 Date Loaned _____ Loaned By _____

Good Working Condition When Returned : Yes [] No []
 Date Returned _____ Returned To _____

Use Fee Received \$ _____ Account Number to Credit _____

Final Comments _____
