



Instructional Multimedia Center



EQUIPMENT USE OFF CAMPUS REQUEST

I am requesting approval to check-out the following equipment for off campus use. It is understood that if the equipment is needed by the IMC during this loan period, I will immediately return the equipment upon request from the IMC staff.

Equipment	AVC Number	Equipment	AVC Number
<input type="checkbox"/> Overhead	_____	<input type="checkbox"/> LCD	_____
<input type="checkbox"/> Slide Projector	_____	<input type="checkbox"/> Mini Vox	_____
<input type="checkbox"/> PC Laptop	_____	<input type="checkbox"/> Portable Screen	_____
<input type="checkbox"/> Mac Laptop	_____	<input type="checkbox"/> Cassette Recorder	_____
<input type="checkbox"/> VCR	_____	<input type="checkbox"/> DVD	_____
<input type="checkbox"/> Television	_____	<input type="checkbox"/> Other _____	_____

Equipment will be located at

Period equipment is requested for

Check-Out Date _____

Return Date _____

For Office Use Only

Reservation

Check-Out

Return

For Office Use Only

☐ Approved

☐ Not Approved
