

EQUIPMENT REQUEST FORM

Requestor's Name: _____ Phone Number: _____

Requesting Department Name: _____

Department Building Location/Room number: _____

FOAPAL Coding: _____ - _____ - 70008 - _____

Requesting Pick up Date _____ Estimated Return Date _____

PLEASE ENTER QUANTITY OF ITEMS REQUESTED FOR RENTAL

EASEL(S): _____ POWER STRIPS: _____ EXTENSION CORD(S): _____

Please choose preferred extension cord size: (We will try our best to accommodate)

10 ft.

15 ft.

25 ft.

50 ft.

100 ft.

This section is to be completed during pick up/once you have received the requested equipment

I have received _____ (quantity) of _____ (equipment) and I am authorized to pick-up these items on behalf of the Department Named above. I acknowledge that the department is responsible for return of these items and will be charged \$3.00 per day, per item.

Name

Signature

Date Received

FOR OFFICE USE ONLY

Items Returned : _____

Date of Returned Items: _____ ***Signature*** _____

Please email or fax the request form to:

Facilities Management and Operations

263 Farmington Avenue, Room LSB014, MC 8710, Farmington CT 06030-8710

Email: facilitiesmanagement@uchc.edu; Phone: 860-679-2125; Fax: 860-679-8710