Department of Chemistry and Biochemistry
Equipment Reservation Request Form

Request must be made at least two (2) business days in advance

Name: ________________________________________     Date: ________________________________

Phone Number or Email address: ___________________________________________________________

Type of Equipment: (Please check) Projector _____ Laser Pointer _____ Microphone_____
Speakerphone _____ Poster Boards _____ Digital Camera_____ Other _________________

(Number needed) ________

Day & Date needed: _________________________________________________________________

Time needed? From: _____________         To: ____________

Reason you need to reserve equipment:

Will the equipment be taken out of the John M. Palms Center for Graduate Science Research?
Yes ____ No____

** If so, I understand that if the equipment is lost, stolen or damaged while in my possession, I accept full responsibility and will provide the department with new equipment at replacement value.

Dept/Fund Number to Charge, if needed: __________________**

Responsible Party Initial Here: ___________________________ **

Please fill out form and put it in the Receptionist Inbox in GSRC 113

Confirmation: ___________________________ Date: ____________________

08/12/2014