

THE UNIVERSITY OF TENNESSEE, KNOXVILLE  
OFFICE OF MINORITY STUDENT AFFAIRS



http://omsa.utk.edu

EQUIPMENT REQUEST

Date: \_\_\_/\_\_\_/\_\_\_

Invoice #: \_\_\_\_\_

PICK-UP DATE: \_\_\_\_\_ PICK-UP TIME: \_\_\_\_\_ AM PM

RETURN DATE: \_\_\_\_\_ RETURN TIME: \_\_\_\_\_ AM PM

RESPONSIBLE STAFF: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

PICK-UP PERSON: \_\_\_\_\_ RETURNED BY: \_\_\_\_\_

STUDENT I.D. No. \_\_\_\_\_ EMAIL: \_\_\_\_\_

EQUIPMENT

SERIAL/UT NUMBERS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



STATEMENT OF LIABILITY

I UNDERSTAND THAT I/MY ORGANIZATION WILL BE LIABLE FOR LOSS, THEFT OR DAMAGE OF EQUIPMENT.

AUTHORIZED SIGNATURE: \_\_\_\_\_

APPROVAL SIGNATURE: \_\_\_\_\_

TO BE COMPLETED BY STAFF ONLY:

PICKED UP BY: \_\_\_\_\_ SET-UP BY: \_\_\_\_\_ CHECKED-OUT BY: \_\_\_\_\_

RETURN STATUS: ON-TIME \_\_\_ LATE \_\_\_ DATE RETURNED \_\_\_\_\_ TIME \_\_\_\_\_

RETURNED BY: \_\_\_\_\_