

REQUEST TO USE MINISTRY OWNED FURNITURE / EQUIPMENT

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

Qty	Description of Furniture / Equipment		

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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
Signature	Date to be Returned

FOR OFFICE USE ONLY

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

Comments Regarding Decision _____

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Good Working Condition When Loaned : Yes No []

Date Loaned _____ Loaned By _____

Good Working Condition When Returned : Yes [] No []

Date Returned _____ Returned To _____

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