

UHH EPSCoR ITER EQUIPMENT LOAN AGREEMENT



NAME: _____

ADDRESS: _____

TELEPHONE: () _____ - _____

UH FACULTY ID: _____

EMAIL: _____

MAKE / MODEL / ITEM DESCRIPTION & SERIAL #:

**Contact Probe
Cable
Bulb
Leaf Clip Assembly**

DATE BORROWED: / /

ANTICIPATED DATE OF RETURN: / /

I acknowledge I am a member of the **University of Hawaii faculty**.
I acknowledge receiving the **ASD Contact Probe and Leaf clip Assembly**
I agree to return the **ASD Contact Probe and Leaf clip Assembly** that I borrowed by the date listed above.
In case of loss or damage to **any system parts**,
I agree to pay the amount of **\$ 2000.000 to replace the ASD Contact Probe**.
I agree to pay the amount of **\$ 80.000 to replace the ASD bulb**.
I agree to pay the amount of **\$ 1200.000 to replace the ASD Leaf Clip Assembly**.

PURPOSE FOR BORROWING: _____

BORROWER SIGNATURE: _____ DATE: / /

WITNESS NAME: _____

WITNESS SIGNATURE: _____ DATE: / /

This section will be filled out when you return the item.

BORROWER SIGNATURE: _____ DATE: / /

WITNESS SIGNATURE _____ DATE: / /
