UHH EPSCoR ITER EQUIPMENT LOAN AGREEMENT

NAME: _____

ADDRESS: _____

TELEPHONE: ( ) _____ - _____

FACULTY \ STUDENT ID: _____

EMAIL: _____

MAKE / MODEL / ITEM DESCRIPTION & SERIAL #:

Sure!Maps Raster CD:

☐ **#1**
☐ **#2**

DATE BORROWED: ____ / ____ / ____

ANTICIPATED DATE OF RETURN: ____ / ____ / ____

I acknowledge receiving the **Sure!Maps CD.**
I agree to return this item and any accessories I borrowed by the date listed above.
In case of loss or damage to the Sure!Maps Raster CD, I agree to pay the amount of $ 200.00 to replace the CD.

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 ____ / ____ / ____