UHH EPSCoR ITER EQUIPMENT LOAN AGREEMENT

NAME: _____

ADDRESS: _____

TELEPHONE: ( ) _____ - _____

FACULTY \ STUDENT ID: _____

EMAIL: _____

MAKE / MODEL / ITEM DESCRIPTION & SERIAL #:

☐ **Trimble Nomad G-Series - S/N: EA1CC33330**

Accessories:

- ☐ **Rechargeable Li-Ion Battery**
- ☐ **Power Brick & Cable (2 Parts)**
- **Power Adapters - 4**
  - ☐ **America/Japan Plug**
  - ☐ **British Plug**
  - ☐ **Australian Plug**
  - ☐ **European Plug**
- ☐ **USB Connector Cable**
- ☐ **Stylus & Lanyard**
- ☐ **Hand Strap**
- ☐ **Getting Started Guide & CD**

DATE BORROWED: ____/____/____

ANTICIPATED DATE OF RETURN: ____/____/____

I acknowledge receiving the box of **Trimble Nomad G-Series** as described above.
I agree to return the box of **Trimble Nomad G-Series** that I borrowed by the date listed above.
In case of loss or damage to the **Trimble Nomad**, I agree to pay the amount of $ 2384.00 to replace the item.
In case of loss or damage to the **Hand Strap**, I agree to pay the amount of $ 12.00 to replace the item.
In case of loss or damage to the **USB Cord**, I agree to pay the amount of $ 15.00 to replace the item.
In case of loss or damage to the **Li-Ion Battey**, I agree to pay the amount of $ 95.00 to replace the item.
In case of loss or damage to the **Power Brick & Cable**, I agree to pay the amount of $ 50.00 to replace the item.
In case of loss or damage to the **Power Adapters**, I agree to pay the amount of $ 59.00 to replace the item.
In case of loss or damage to the **Stylist & Lanyard**, I agree to pay the amount of $ 28.00 to replace the item.
In case of loss or damage to any of the items in the box of **Trimble Nomad G-Series**
I agree to pay the amount needed to replace the item to it's original condition.

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: ____/____/____