



Department of Chemistry and Biochemistry Equipment Reservation Request Form

Request must be made at least two (2) business days in advance

Name: _____ Date: _____

Phone Number or Email address: _____

Type of Equipment: (Please check) Projector _____ Laser Pointer _____ Microphone _____

Speakerphone _____ Poster Boards _____ Digital Camera _____ Other _____

(Number needed) _____

Day & Date needed: _____

Time needed? From: _____ To: _____

Reason you need to reserve equipment:

Will the equipment be taken out of the John M. Palms Center for Graduate Science Research?

Yes ___ No ___

** If so, I understand that if the equipment is lost, stolen or damaged while in my possession, I accept full responsibility and will provide the department with new equipment at replacement value.

Dept/Fund Number to Charge, if needed: _____ **

Responsible Party Initial Here: _____ **

Please fill out form and put it in the Receptionist Inbox in GSRC 113

Confirmation: _____ Date: _____