

	Reference No.: BatStateU-FO-OCA-06	Effectivity Date: August 01, 2023	Revision No.: 01
CULTURE AND ARTS EQUIPMENT BORROWING FORM			
Campus:			
Name of Requester /College/Office/Organization:			
Contact Number:		Email Address:	
Address:			
Categories of Equipment being Requested for Borrowing:			
<input type="checkbox"/> Costume/s : _____			
<input type="checkbox"/> Equipment/Gadget : _____			
<input type="checkbox"/> Instrument/s : _____			
<input type="checkbox"/> Prop/s : _____			
<input type="checkbox"/> Others, specify : _____			
Date of Request:			
Date/s of Use:			
Time/s of Use:			
Estimated Date of Return:			
Purpose:			
<div><input type="checkbox"/> I understand that it is my responsibility to pick up the equipment and return it to the same location at the end of my borrowing period unless otherwise agreed by both parties. I agree to return the borrowed equipment to the Office of Culture and Arts in the same condition as when it was borrowed, except normal wear and tear.</div> <div><input type="checkbox"/> I also understand that there is no charge for borrowing the equipment. However, in the event that the equipment was lost or damaged during the approved borrowing period, I agree to follow the university protocols relative to the replacement or repair of the damaged equipment.</div>			
Requested by:		Noted by:	
_____ Signature over Printed Name of Requestor		_____ Signature over Printed Name of the Immediate Supervisor	
Position: _____		Position: _____	
Date: _____		Date: _____	
Reviewed and Approved by:		Remarks:	
<div>Asst. Prof. MAKR EMMANUEL S. MAGSINO Director, Culture and Arts</div>			
Date: _____			

\*Requirements: Approved Letter of the Activity/Event; Copy of Invitation/Program; Employee/Student ID

ISSUANCE AND RETURN RECORD:							
ISSUANCE				RETURN			
Issued by:				Received by:			
_____ Signature over Printed Name				<input type="checkbox"/> property/ies was/were returned in good condition <input type="checkbox"/> property/ies was/were returned with damage			
Position/Designation:				_____ Signature over Printed Name			
Position/Designation:				Position/Designation:			
Date Issued:		Time:		Date Returned:		Time:	