

REQUEST TO USE MINISTRY OWNED FURNITURE / EQUIPMENT

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Requesting Organization / Individual _____
 Address _____
 City _____ State _____ Zip _____ Phone No. _____
 Describe Planned Use of Loaned Furniture / Equipment _____

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Qty	Description of Furniture / Equipment

I agree to be responsible for the repair or replacement of any of the above listed furniture / equipment if it is damaged or misplaced while in my possession. Also, I agree that this furniture / equipment was in good working condition when received. I also agree to make the necessary arrangements for a staff member to be present when item(s) is returned.

Signature	Date Received
	Date to be Returned

FOR OFFICE USE ONLY

Good Working Condition When Loaned :	Yes []	No []	
Date Loaned		Loaned By	
Good Working Condition When Returned :	Yes []	No []	
Date Returned		Returned To	
Final Comments			