

INDIANA STATE UNIVERSITY

Equipment Gift or Loan Report

Responsible Department

Please Check Appropriate Box

Gift

Loan

Custodian

Location

Asset #: (To be assigned by Property Accounting)

Name and Address of Donor:

Description of Equipment (Include Make & Model):

Serial Number

Estimated or Appraised Value

Equipment will be used for:

IF LOANED EQUIPMENT:

Condition upon receipt

Duration of Loan

Conditions of Acceptance

Signatures Required:

Reported – Head of Department _____ Date _____

Approved - Dean or Admin. Officer _____ Date _____

Recorded – Property Accounting _____ Date _____

Loan Returned – Head of Dept. _____ Date _____