

University of Connecticut
Record of Equipment Loaned, Leased, or Consigned to the University

Date:

The following equipment is being:	Loaned
	Leased
	Consigned
to the University of Connecticut, Department of	

Description	Serial #	Model	Value

from (Name and Address of Individual or Organization):

The above equipment will be located:		room:	
from (beginning date)	through (end date)	and will be used for the following purpose:	
Please attach any pertinent agreement or contract to this form.			

Approved Dean, Director, or Department Head:	Print Name: Signature: _____
Manager of Equipment	Name: Cppgwg'Rcxqpg Signature: _____

**Complete and return to U-2184 ~~ Retain a copy and
complete the lower portion upon return of the equipment to the individual or organization.**

Date:	
The above equipment has been returned to:	
Signature Dean, Director, or Department Head:	