



REQUEST TO LOAN ITEMS TO ANOTHER INSTITUTION OR INDIVIDUAL

This form prepared by (USM employees only):

Name: _____ Phone: _____ Date: _____

USM Dept.: _____ Dept. Head: _____

Asset Number: _____ Serial Number: _____

Asset Description: _____

Justification for Loan: _____

Recipient of Item: _____ State of Mississippi Funded Entity (other than USM)
_____ Agency/Institution Outside of Mississippi
_____ Other (explain) _____

Recipient Name: _____ Recipient Title: _____

Recipient Institution: _____

Recipient Full Address: _____

Recipient Phone: _____ Recipient Signature: _____

Expected Return Date¹: _____ Actual Return Date¹: _____

This is to verify that I/we (Recipient) accept receipt of the asset listed above and accept liability for any loss or damage of asset while in my/our possession:

Authorized Signature: _____ Print Name: _____

Internal Approvals Required:

GCRL Faculty or Center/Unit Head _____ Date: _____

GCRL Property Officer _____ Date: _____

GCRL Administrative Officer² _____ Date: _____

¹ Return date cannot exceed one calendar year.

² For GCRL centers and support units, signature of the Associate Director for GCRL is required; for Division of Coastal Sciences faculty and staff, signature of the Chair is required.