



OFF CAMPUS EQUIPMENT LOAN

University of Southern Mississippi

Gulf Coast Research Laboratory

Property Accounting

INVENTORY NUMBER:			
SERIAL NUMBER:			
DESCRIPTION:			
I certify that I have placed on loan the above described property to the following agency/institution:			
Agency/Institution		Agency/Institution representative responsible for equipment (Signature)	
Date Loaned	Expected Returned Date	Representative's Name (Printed or Typed)	Date
Representative's Telephone Number		Representative's Email Address	
USM/GCRL employee lending the equipment		Director's Approval	Date