

EQUIPMENT USE REQUEST FORM

FORMAT NO.:

Requester Name: _____ Department: _____
Date of Request: _____ Expected Date: _____

Purpose for Equipment

Estimate Return Time	Estimate Total Time used	Date of Return	Reason for Time frame

Type of Equipment	Total Quantity	Capacity	Specifications

Purpose for Equipment

Signature of Department Head	Human Resource Department - Executive

Remarks

OFFICE USE

Equipment Granted:

Operator:.....

Signed:.....

Date:.....

Manager - General