CATTARAUGUS-ALLEGANY BOCES
REQUEST FOR EQUIPMENT LOAN

Date: ________________________________

EMPLOYEE LOAN:                      STUDENT LOAN:

Employee Name: ______________________  Student Name: ______________________
Employee Signature: __________________ Student Home School: __________________

EQUIPMENT INFORMATION:

Property Number: ____________________  (See Item or Inventory Sheet)
Model Number: ________________________  Serial Number: ________________________
Description: _________________________

LOAN INFORMATION:

Date of Loan: ________________________  Anticipated Return Date: ________________
(Date you wish to take equipment)
Purpose of Loan: ______________________

Approvals: ____________________________  ________________________________
(District Superintendent of Designee)  (Division Director)

Return Information:

Date Returned: ______________________  Verified: ____________________________
(Date: ____________________________
(Signed: __________________________
(Purchasing Agent)

Original To: Employee  (after loan returned – Original To: Purchasing Agent)
Copies To: District Superintendent (or designee), Division Director, Purchasing Agent

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