

**ACTC Off-site
Equipment Use Form**



Equipment Name:	Inventory Tag Number:
Description:	
Equipment needed for:	
Equipment going to:	
Expected Date of return:	

Equipment requested by:
Date:
Division/Department:

Department lending equipment:
Approved by:
Date:
Equipment issued by:
Date issued:

Date returned:
Received by:

Please send a copy of this completed form to Emmett Blevins, mailbox or office 161 Main Building, 1400 College Drive, when it has been approved and signed out. A copy of the Date Returned should be sent to Emmett as a follow-up.

Equipment may be taken off-site for work related purposes only. It must be returned promptly and in good working order.