

LABORATORIES BORROW AND RETURN FORM

Details of the Borrower			
Borrower	<input type="checkbox"/> Faculty / <input type="checkbox"/> Staff / <input type="checkbox"/> Student*	Department	Art and science
Name		Net ID	
Contact No.		E-mail	
Details of the Items			
Item Type	<input type="checkbox"/> Items other than equipment / <input type="checkbox"/> Equipment**		
Purpose of Borrowing			
Borrowing Date	Returning Date		
_____	_____	_____	
Print Name	Signature	Date	
Following form is filled by Lab Support Team			
Returning Date& Time	Items Condition		

* Please consult with your supervisor and get approval before borrowing lab items.

** Please consult with the lab director first.