



CLASSROOM USE/ FACULTY RESEARCH

Equipment Requisition Form
[Must be turned in at least **3 days** prior to check out.]

NAME

CHECK-OUT DATE

CHECK-OUT TIME

Month:

Day:

PHONE

CHECK-IN DATE

CHECK-IN TIME

Month:

Day:

USE:

CLASSROOM USE

FACULTY RESEARCH

OTHER

You may submit this form electronically by downloading the PDF, filling it out and attaching it to an email from your Knights mail account.

PROJECT:

REQUEST:

FOR INTERNAL USE ONLY

APPROVED BY OPERATIONS MANAGER: _____

NOTES: _____