

Institute for Genomic Biology Core Facilities

Equipment Loan/Return Form

<i>Personal Information</i>	
_____	_____
<i>Full Name</i>	<i>Signature</i>
IGB affiliate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____
<i>Office Address</i>	<i>Phone</i>
_____	_____
<i>Loan Date/Time</i>	<i>Return Date/Time</i>
<i>Requested Equipment</i>	
<u><i>Equipment</i></u>	<u><i>Signature</i></u>
<input type="checkbox"/> Canon EOS 5D Mark II Digital SLR Camera	_____
<i>Including:</i>	_____
24-105mm f/4 zoom	
70-200mm f/4 zoom	
Battery	
<input type="checkbox"/> Extra battery for EOS	_____
<input type="checkbox"/> Battery Charger for EOS	_____
<input type="checkbox"/> 65mm 1 to 5X macro lens	
<input type="checkbox"/> Tripod	_____
<input type="checkbox"/> Light kit	_____
<input type="checkbox"/> Backdrop	
<input type="checkbox"/> Canon Powershot Digital Camera	_____

Requester's signature	Date
_____	_____
Staff signature	Date
_____	_____