



**The University of Southern Mississippi
Gulf Coast Research Laboratory
Property Accounting**

OFF CAMPUS EQUIPMENT LOAN

Inventory Number: _____ **Serial Number:** _____

Description: _____

I certify that I have placed on loan the above described property to the following Agency/Institution:

Agency/Institution

**Agency/Institution Representative
Responsible for Equipment (Signature)**

Date Loaned **Expected Return Date**

Representative's Name **Date**
(printed or typed)

Representative's Telephone Number

Representative's Email Address

**USM/GCRL Employee Lending
the Equipment**

Director's Approval **Date**