

# Equipment Borrow Form

Computer Unit  
Faculty of Science  
University of Peradeniya

| <b>Name of the requesting staff member:</b>   |                          | <b>Emp. No:</b>                                |              |                  |         |
|---|--------------------------|--|--------------|------------------|---------|
| <b>Department/ Institute/ Branch:</b>   | <b>NIC/ Passport No:</b> | <b>Telephone No:</b><br>Mobile:<br>Official:   |              |                  |         |
| <b>Date of borrow:</b>  | <b>Date of return:</b>   | <b>Permission granted by dean:</b><br>Yes / No |              |                  |         |
| <b>Reason(s):</b><br>Project/ occasion name: _____<br>Chief advisor/ organizer: _____<br>Location(s) of use: _____  |                          |  |              |                  |         |
| <b>Equipment Borrowed:</b><br><i>Remarks: Please attend the Computer Unit at least a week prior to the borrowing date to check the availability of equipment and fill out the list after discussing it with a Computer Unit staff member.</i> |                          |  |              |                  |         |
| No  | Equipment Name           | Serial No                                      | No. of Items | Checked by ( ✓ ) |         |
|   |                          |  |              | Borrower         | Officer |
| 1   |                          |  |              |                  |         |
| 2   |                          |  |              |                  |         |
| 3   |                          |  |              |                  |         |
| 4   |                          |  |              |                  |         |
| 5   |                          |  |              |                  |         |
| 6   |                          |  |              |                  |         |
| 7   |                          |  |              |                  |         |
| 8   |                          |  |              |                  |         |
| 9   |                          |  |              |                  |         |
| 10  |                          |  |              |                  |         |
| 11  |                          |  |              |                  |         |
| 12  |                          |  |              |                  |         |
| 13  |                          |  |              |                  |         |
| 14  |                          |  |              |                  |         |
| 15  |                          |  |              |                  |         |

- I have attached the letter of request approved by the dean with this form.
- I understand how to operate the above equipment/ I received a technical officer to operate them.
- I use the above equipment only for academic work at the university.
- I received all equipment listed here in clean, dry, complete, and working condition.
- I am responsible for cleaning/ repairing/ replacement if there is any dirt/ missing components/ damage or loss of the above equipment.

I agree with the above statements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For office use**

|  |   |
|--|---|
| <b>Issued by:</b><br>Name:<br><br>Signature:<br>Date:  | <b>Received by:</b><br>Name:<br><br>Signature:<br>Date:   |
| <b>Remarks</b><br><b>Plan of storing items during the borrowing period:</b><br><br><br><br><br><br><br><b>All items are in good condition: Yes/ No</b><br>If no, indicate problems:<br><br><br><br><br><br><b>Any other particulars:</b> | <b>Remarks</b><br><b>All items are returned: Yes/ No</b><br>If no, list down missing item numbers:<br><br><br><br><br><br><br><b>All items are in good condition: Yes/ No</b><br>If no, indicate problems:<br><br><br><br><br><br><b>Any other particulars:</b> |
| <b>Borrowers details:</b><br><br>Name:<br>Emp. No / NIC:<br>Designation:<br>Department/Unit:<br>Contact number:<br><b>Borrowers signature:</b><br><b>Date:</b>   | <b>Returnees details:</b><br><br>Name:<br>Emp. No / NIC:<br>Designation:<br>Department/Unit:<br>Contact number:<br><b>Returnees signature:</b><br><b>Date:</b>  |

**All equipment is stored correctly in the Computer Unit. Relevant parties are informed, and necessary actions are taken to repair/replace equipment if damaged/lost.**

**Name of the CU staff member:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_