



**Administration and Finance**  
**TRITON ATHLETICS**

**EQUIPMENT REQUEST FORM**

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

\_\_\_\_\_  
Requesting Department

\_\_\_\_\_  
Requested by

\_\_\_\_\_  
Function

\_\_\_\_\_  
Telephone No. /email add.

\_\_\_\_\_  
Date equipment needed

\_\_\_\_\_  
Date equip. will be returned

#	Description	Quantity	Charge
1.			
2.			
3.			
4.			
<b>TOTAL:</b>			

Equipment is:    Available    Not Available                       APPROVED                       DISAPPROVED

\_\_\_\_\_

\_\_\_\_\_  
**Athletics Director**

Signature of person receiving equipment: \_\_\_\_\_

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

Signature of staff issuing equipment: \_\_\_\_\_

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

Signature of staff receiving RETURNED equipment: \_\_\_\_\_

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

**Note:** Equipment signed out from the Athletics and Calvo Field House Department is the property of UOG. All equipment shall be returned by the promised date. A 24-hour grace period will be allowed. If equipment is not returned after the 24-hour grace period, your department will be notified that this authorization to transfer funds to the Athletics and Calvo Field House Department will be forwarded to the Finance Office.

I, \_\_\_\_\_, authorize a transfer of funds in the amount of \_\_\_\_\_ (Amount to be transferred) from \_\_\_\_\_ (Account no.) to Athletics and Calvo Field House for the equipment listed above which was rented, not returned, loss of damaged.

\_\_\_\_\_  
**Signature of authorized official**