UNIVERSITY OF COLORADO DENVER

Receipt for Loan of Capital Equipment

DATE: _______________________________

FROM: _______________________________

________________________________________

UCD Requestor Department

I acknowledge the receipt of and responsibility for the listed equipment that is being loaned to:

____________________________________________________________________________

(Department/Institution/Business)

The equipment will be returned on the date specified below. The condition upon return will be the same as received.

*Items that have been exposed to infectious materials, radioactive isotopes, hazardous chemicals, or contain refrigerant (Freon) or oil must be inspected and properly Green Tagged by the Health and Safety Division (HSD) prior to relocation. Please use the Health and Safety Codes listed below to assist with this process.*

| UCD Tag Number: ______________________________ |
| Description of Item: ______________________________ |
| Manufacturer: ______________________________ |
| Model Number: ______________________________ |
| Serial Number: ______________________________ |

Responsible User (print or type name) Name of borrower institution, vendor, etc. Telephone Nbr.

Borrower Signature Date to be returned

APPROVED:

Requesting Dept. Equipment Coordinator Chair/Director Telephone Number

Forward Completed Form to: Space and Asset Management, Box A005/129

fp1-02g Revised 4/13/04