



Audiovisual Services Equipment Check-Out/Rental

Phone: (813) 974-2380
Fax: (813) 974-2653
Mail Code: SVC 1072
Office Location: SVC 0061

[Price List](#)

(Please complete this form and fax with signature to 974-2653)

Name: _____ Phone: _____ Fax: _____

E-Mail: _____ Mail Code: _____

Department/Organization: _____ College: _____

Date To Be Checked-Out: _____ Bus Unit: _____ Oper Unit: _____ Fund Code: _____ Dept ID: _____

Date To Be Returned: _____ Prod: _____ Init: _____ Proj ID: _____

OR Foundation: _____

<input type="checkbox"/> Data Projector <input type="checkbox"/> Power Cord <input type="checkbox"/> VGA Cable	<input type="checkbox"/> Digital Still Camera <input type="checkbox"/> Battery <input type="checkbox"/> Power Cord/AC Adapter
<input type="checkbox"/> Laptop <input type="checkbox"/> Power Cord <input type="checkbox"/> Floppy Drive	<input type="checkbox"/> Digital Camcorder <input type="checkbox"/> Tripod <input type="checkbox"/> Battery <input type="checkbox"/> Lens <input type="checkbox"/> Lens Cover
<input type="checkbox"/> DVD Player <input type="checkbox"/> VCR	<input type="checkbox"/> Power Cord/AC Adapter <input type="checkbox"/> Strap
<input type="checkbox"/> Tripod Screen	<input type="checkbox"/> Digital Camcorder Accessory Kit
<input type="checkbox"/> Cassette Player/Recorder	<input type="checkbox"/> VHS-C Camcorder <input type="checkbox"/> Tripod <input type="checkbox"/> Power Cord <input type="checkbox"/> Battery
<input type="checkbox"/> Boombox	<input type="checkbox"/> Cables <input type="checkbox"/> Ext. Cord <input type="checkbox"/> RCA <input type="checkbox"/> XLR <input type="checkbox"/> 1/8" to 1/8" <input type="checkbox"/> 1/8" to RCA
<input type="checkbox"/> Portable P.A. System <input type="checkbox"/> Hot Spot <input type="checkbox"/> Mic <input type="checkbox"/> XLR Cable	<input type="checkbox"/> Installed Equipment Room _____ Date/Time _____
<input type="checkbox"/> Wireless Mic System <input type="checkbox"/> Mic <input type="checkbox"/> Receiver	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Wired Mic <input type="checkbox"/> Floor Stand <input type="checkbox"/> Table Stand	
<input type="checkbox"/> Podium/Microphone	

I, the undersigned, accept responsibility for this equipment's care and proper use, and assume liability if lost, stolen or damaged.

Equipment Recipient's Signature: _____ Date: _____

Accountable Officer's Signature: _____ Date: _____