

RENTAL OF SERP  
EQUIPMENT

Name \_\_\_\_\_ Bldg/Rm# \_\_\_\_\_

CAN# \_\_\_\_\_ Custodial Code# \_\_\_\_\_

EQUIPMENT DESCRIPTION	MONTHLY RENTAL FEE	APPROXIMATE TIME NEEDED  DATES FROM/TO

Approval \_\_\_\_\_  
*(Lab or Branch Chief)*

Date \_\_\_\_\_

Signature \_\_\_\_\_  
*(Administrative Officer)*

Date \_\_\_\_\_

Signature \_\_\_\_\_  
*(SERP)*

Date \_\_\_\_\_

PLEASE SEND COPY TO CHERYL WOOD, Bldg. 10/5N220, FAX #6-1675, Phone # 2-1540.