## DEPT. OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE NATIONAL INSTITUTES OF HEALTH

## Agreement For the Loan of Property to NIH

LOAN	NO.
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The property described below is offered to the NIH for its possession and use, without charge. Acceptance of this material on a loan basis does not constitute an endorsement of material nor does it commit the Government to any implied or contemplated purchase.

COMPLETE DESCRIPTION OF ITEM DECAL NO.		SERIAL NO.	QUANTITY	CURRENT MARKET VALUE			
		OEMAE NO:	QOARTITI	UNIT	TOTAL		
						TOTAL	
						TOTAL	
2. The period of the loan shall begin on	and shall e	end o	n		unless an e	arlier date for term	ination
<ol> <li>The period of the loan shall begin on shall be established during the period of the loan by n</li> </ol>	nutual consent of bo	oth pa	arties, d	or by submission o	f thirty (30 days	written notice from	n
either party to the other party. Should the owner or his/her agent fail to pick up the property described above, or to accept its return							
(whichever is agreed upon below), within ninety (90)		ermin	ation o	f the loan, such pr	operty shall be	considered as	
abandoned by the owner and shall become the prope	rty of NIH.						
3a. The owner or his/her agent agrees to be responsible for the following:							
the following:							
Repairs and maintenance to the extent necessary for the  Repairs and maintenance to the extent necessary for the							for the
continued use of the property during the period of the loan.  continued use of the property during the period of the loan.							
This agreement is entered into with the understanding	that the NIH shall	not h	مالادنا د	for loss of or dam	age to the prop	erty described	
above except as herein provided or as provided by ap		1100 0	o nabio	Tor 1000 or or dam	age to the prop	city accombca	
4a. Offered thisday of, 19		4b.	Acce	oted thiso	day of	, 19	
by (name of owner company):			by (si	gnature of authoriz	zed NIH official	[user]):	
Signature of owner or agent:		Name and title:					
org. and or owner or agerm							
			100.5			15	
			ICD F	PMR:	Blag.	/Room:	
		The property described above was returned to me and accepted					
this installation on the day of, 19		on theday of, 19					
Signature of Property Accountable Officer:			Name	e of owner:			
		Signature of owner or agent:					
	Sign		o.g.ia	0 01 0 111101 01 01	90.10		

White - PPB
Green - PMR
Canary - Borrower
Pink - Sub-custodian
Goldenrod - Vendor or company