

Indiana University - Auxiliary IT

Please print and return by mail or fax:

501 N. Sunrise Dr., F216
Bloomington, IN 47406-7506
Fax: (812) 856-6890

Equipment: _____ ID # _____

Equipment: _____ ID # _____

Equipment: _____ ID # _____

Equipment: _____ ID # _____

Equipment: _____ ID # _____

Employee Name: _____ Username: _____

Department: _____ Telephone Number: _____

Date to Pick Up Equipment: _____ Expected Date /Time of Return: _____

Intended Use of Equipment: _____

Intended Location of Equipment: _____

Auxiliary Information Technology has provided you with equipment and/or devices for work-related purposes. Please read operating manuals (if applicable) and follow the instructions. AIT expectations are that you will return the equipment by the due date that was agreed upon. If an emergency arises and the expected date of return changes, please notify the office at 855-5924. Thank you.

(To be signed by staff member picking up equipment)

Employee Signature: _____

Date equipment picked up: _____

LSP Loaning Equipment: _____

(To be filled out when equipment is returned)

Date equipment returned: _____

Received/inspected by: _____