

University of Memphis
EVENT CONSORTIUM RESERVE CHECK OUT FORM

External Relations Division
FEC 127 Memphis, Tennessee 38152

Name: _____ U#: _____ Office Phone # _____ Mobile Phone # _____

Email: _____ Department Name: _____

Event Title: _____ Event Date: _____

Event Location: _____

I agree that I am checking out the items listed on the reverse side of this page. I willingly accept and assume full responsibility for the care of the items while in my possession and the proper return. I understand that should something happen to the items while they are checked out or the items are returned damaged or missing anything, the department listed above will be held financially responsible for repair or replacement. In the event of theft or damage of the items while in my possession, I will file a police report with Campus Police Services immediately upon discovery. I agree that if loss or damage occurs to items, the entire replacement or repair price of each item involved may be billed to the responsible department. You must check all the items that you are receiving. It is your responsibility to make sure all items are in good condition when you check them out. You will be responsible for any missing or broken items. The Division of External Relations will determine the repair or replacement cost. Email Events@memphis.edu with questions or concerns.

QTY	ITEM	CHECK OUT DATE	RETURN DATE

I have received the above listed items in good working condition. I have examined the items I am checking out and accept it in good condition with no missing pieces. I take responsibility for the use and care of the above listed items.

Signature: _____

Staff Member Signature (check-out): _____

Staff Member Signature (check-in): _____

Date: ____/____/____

Date: ____/____/____

Date: ____/____/____