



RIVERSIDE METHODIST HOSPITAL
EQUIPMENT LOAN AGREEMENT
Audience Response System

I, _____ (name of person borrowing equipment)
have received the following equipment from the CME Office at Riverside Methodist Hospital.

- Laptop computer (Replacement value \$1,200)
LCD Projector (Replacement value \$3,000)
Key pads (Replacement value \$185/keypad)
Receiver system (Replacement value \$1,550)

Indicate your agreement by initialing each box below:

- 1. The above listed equipment is in good working order, except as noted:

- 2. The period of loan is from _____ through _____. I understand any extension over the approved loan period without prior consent may constitute an additional charge and/or my privilege to borrow equipment to be suspended.

- 3. I am responsible for ensuring the equipment is secured at all times.

- 4. If equipment is lost and/or damaged, I understand I am responsible for replacement value.

Name: _____ Date of loan: _____

Number of Keypads: _____

Signature: _____ Telephone # of borrower: _____

Date to be Returned: _____ Approving Authority: _____

RETURN:

Checked in by: _____ Date: _____

Number of Keypads Returned: _____

Condition ok'd by: _____