

EDGEWOOD ISD of *San Antonio*

**CHILD NUTRITION DEPARTMENT**

**LOAN EQUIPMENT FORM**

Make a copy for Department Borrowing Equipment

Campus/Department Lending Equipment:	
Campus/Department Borrowing Equipment:	
Request By:	
Name of Authorized Person to Pick up Equipment:	
Name of Authorized Person to Deliver Equipment	

DESCRIPTION	SERIAL#	EISD #

REASON FOR USE:


**Bring the Copy when Returning Equipment.**

X		
Signature of Borrower	Date	Approximate Date of Return

X		X
Approved: Supervisor's Signature	Date	Approved: Signature of Director

**FOR OFFICE USE ONLY**

X	X
Date of Loan Returned:	Verified by: