

## PROPERTY LOAN FORM

NAME:				DATE:		
ADDRESS:				PHONE:		
CITY, STATE, ZIP:				сомраму:		
		PLEASE LIST ITES	MS AND CONDITION:			
DESCRIPTION OF EQUIPMENT/FURNITURE		С	ONDIITION	MONETA	MONETARY VALUE	
				<b>'</b>		
			College for this time fra	ame:		
•			College for this time fra	ıme:	Фят <del>е</del> :	
• I agree to lend  DATE:  DATE:				ıme: 	<b>Ф</b> АТЕ:	
• I agree to lend  DATE:  DATE:  prrower's Certification:  I certify that:	out the items listed	above to Laredo (	LENDER;			
• I agree to lend DATE:  DATE:  orrower's Certification:  I certify that:  • Loaned equipm • Borrower agre • The above prop • All damage, los	out the items listed  nent/furniture shall  es not to motify equ  erty will be returne	Tabove to Laredo (  I only be used for a cupment/furniture of to the original laterated to the above	LENDER;  fficial purposes and no and to exercise appropaning site in serviceab	ot for personal or commerce riate care of this property. The condition on or before the The condition on or before the care	ial benefit.	
• I agree to lend DATE:  DATE:  orrower's Certification:  I certify that:  • Loaned equipm • Borrower agre • The above prop • All damage, los	nent/furniture shall es not to motify equ erty will be returne s, and/or theft sust	Tabove to Laredo (  I only be used for a cupment/furniture of to the original laterated to the above	LENDER;  fficial purposes and no and to exercise appropaning site in serviceab described property ma	ot for personal or commerci riate care of this property. See condition on or before th	ial benefit. he due date. edo	
• I agree to lend DATE:  DATE:  rrower's Certification: I certify that: • Loaned equipm • Borrower agre • The above prop • All damage, los College's Borrow	nent/furniture shall es not to motify equ erty will be returne ss, and/or theft sust ving Department fi	Tabove to Laredo (  I only be used for a cupment/furniture of to the original laterated to the above	LENDER;  fficial purposes and no and to exercise appropaning site in serviceab	ot for personal or commerci riate care of this property. See condition on or before th	ial benefit.	
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2) Completed form should be delivered to the Property Inventory Department.