Loan Approval Form SCM LAB

To be completed by borrower Date: _____

Name of borrower: _____ CityU ID No.: _____

Class-Year: _____ Course Code: _____

Contact telephone no.: _____

Project title: _____

Loan-out items required:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

FAS numbers if available: _____

Expected return date: _____

Signature: _____

To be endorsed by Teaching Staff in charge

Supervisor Name: _____ Signature: _____

Contact telephone: _____

Remarks: _____

To be completed by Lab Staff

Handled by: _____ Date: _____

Approved by: _____ Date: _____

Remark: _____

_____

Date of issue: _____ Date of return: _____

NOTE: Equipment is loaned out for TEACHING/RESEARCH purpose ONLY and MUST be returned to the School of Creative Media by the Due Date. Borrowers are responsible for equipment on loan and will be CHARGED for any LOSS/DAMAGE they incur.