

Electronics Shop Rolling Cart Request - to the technical staff.

Day of week requested (M, T, W, R, F, S) _____
(Please fill out separate sheets for multiple weekdays. Enter 'all semester', as needed)
Date of request : _____

Date needed : _____	Time needed : _____	Start: _____
Room number : _____		Finish: _____
Course number : _____		
Instructor : _____	Phone: _____	

<u>List of equipment requested</u>		
Item description :	Requested Qty. (by Instructor)	Qty. given
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Laboratory Technician: Leave this sheet on clipboards in P-304. Check ALL items to ensure they have been returned, and are serviceable.

Laboratory Instructor: Report all non-returned items, and any damaged items/equipment to laboratory technician.