NORTHERN ARIZONA UNIVERSITY

Capital Assets and Services
TABLE/CHAIR RENTAL AGREEMENT

Employee
Name:_____

Department
Name:_____

Equipment
Description:_____

Loan Dates: Start Date____/____/____ End Date:____/____/____

Delivery Location: Department:_____ Building #_____
Room#____ Specific Instructions:_____
_____

I verify the equipment will be used exclusively for university business. The equipment will be secured to prevent theft and will be made ready for pick up by Capital Assets and Services Moving Department at the date specified above. If rental is to be extended, I understand it is my responsibility to notify the Moving Department and I will incur an additional charge of $3.00 per day per table and $1.00 per day per chair. Should any equipment being borrowed be lost or stolen I understand I will be billed the cost to replace the equipment. Equipment that is damaged while in my area, I understand I will be billed a $25.00 fee.

X _____

Renter

Moving Department
523-2535