INVENTORY LOAN AGREEMENT

AUTHORIZATION FOR OFF-CAMPUS USE OF UNIVERSITY OF ILLINOIS EQUIPMENT

LOANING DEPARTMENT: __________________________ DATE LOANED: ______

BORROWER: NAME __________________________ CHECK ONE

DEPARTMENT __________________________ Faculty ______
ADDRESS __________________________ Staff ______
OFFICE PHONE ___________ HOME PHONE ______ Student ______
HOME ADDRESS __________________________ Other ______

(WHEN LOAN IS MADE TO OTHER INSTITUTIONS, units must notify the Property Accounting Section of the Business Affairs by submitting "Loan to (institution name)" on description line #4 of the PAS 50: Optional Data form.)

OFF-CAMPUS LOCATION/ADDRESS OF LOANED EQUIPMENT: __________________________

____________________________________________________________________________________

LOAN PERIOD: From ___________ To ___________

Loaning unit may request return of equipment if needed on campus prior to end of loan period.

PURPOSE OF LOAN: ________________________________________________________________

____________________________________________________________________________________

SPECIAL CONDITIONS: _________________________________________________________________

____________________________________________________________________________________

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<tr>
<th>DESCRIPTION OF EQUIPMENT</th>
<th>UNIVERSITY PROPERTY</th>
<th>OTHER I.D.</th>
<th>CONTROL NUMBER</th>
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**I accept responsibility for reasonable care and security of all University property which is in my custody off campus in pursuit of my official duties. Liability assessment, if any, will be based on General Policy and Guidelines 12-1B-207.

**SIGNATURE OF BORROWER __________________________ APPROVAL OF LOANING UNIT __________________________

ADDITIONAL APPROVAL __________________________

DATE RETURNED (MM, DD, YY) __________________________ RECEIVED BY __________________________ PHONE NUMBER __________________________