

Equipment Request

Name: _____

Equipment Needed (circle)

Document Camera (ELMO)

Computer w/Projector

One Time Use? Date Needed: _____

Time: _____

Reoccurring Use? Day(s) of the week: _____

Time: _____

Room: _____

Class: _____

Special Needs: _____

Office Use only

Request approved - Yes No Term: _____

Approve Requests logged and charted: _____

Approvers Initials: _____