

Request for Office Machines Rental

Date: _____

Deliver

Pickup

Tag # _____

Equipment requested:

Typewriter

Calculator

Dictating Machine

Other _____

Rental Request Beginning Date: ___/___/___

Rental Termination Date: ___/___/___ or Undetermined

Dept: _____ Equipment assigned to: _____ Ext: _____

Location: _____ Special requirements: _____

Account No: _____ Authorized Signature: _____

(For Office Machine Services Use Only)

Tag # _____ Machine Code: _____ Manufacturer: _____

Model # _____ Serial # _____ Rental Rate: \$ _____

Comments: _____

Department Transferring Equipment

Department Receiving Equipment