

INTERDEPARTMENTAL USE OF EQUIPMENT CONTRACT
Central California Conference Office of Communication

Request for Central California Conference Office of Communication Equipment or Event Involvement

Title of event: _____ Venue: _____

Description of what is being requested:

- A) Equipment (use pages 1-3)
- B) Fliers, posters (fill out print order)
- C) Management of audio or video services request (use pages 1-3)
- D) Photography only (use this page only)
- E) Advanced services (explain in detail or attach page if needed)

Capacity of event: _____ Physical address: _____

Date of event: Start: _____ End: _____ Department requesting: _____

Requested By: _____
Name and Title

Phone number used during event: _____ Best email: _____

Person financially responsible: _____
Name and Title

Supervisor's signature (if required): _____
Name and Title

Internal Use:

Submit to Vice President of Communication, prior to event. Date request received: _____
Approved: _____ / Denied: _____ Date: _____
Approved with specifications: _____
Approved by: _____ Date: _____ (Only VP of Communication may approve.)

Event Description:

Title of event: _____ Venue: _____

Capacity of event: _____

Date of event: Start: _____ End: _____ Department requesting: _____

Requested by: _____
Name and Title

Person financially responsible: _____
Name and Title

Supervisor's signature (if required): _____
Name and Title

Equipment Requested

Main gear:

Item or description

Item or description

Item or description

Item or description

Auxiliary Item(s) for Loan:

Internal Use:

Estimated dollar amount of equipment:

\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____

Insurance Information:

- Is the venue insured? Insurance policy name/number:

_____ (Attach copy)

- Is supplemental insurance required? Policy name/number:

_____ (Attach copy)

Transportation:

- Transportation date(s): Departure: _____/Return: _____

- The person transporting said equipment is: _____

- The person transporting this equipment has auto insurance meeting the Central California Conference's approved policy for transporting, as specified through the auto payroll guidelines. Yes / No

- I testify that the person transporting this equipment works at the Central California Conference and or is contracted to transport: Yes / No _____ (Initial)

- I testify that the person(s) operating this equipment works for and/or is contracted by the Central California Conference to do so: Yes / No _____ (Initial)

- I testify the person responsible for breaking down this equipment works for the Central California Conference and/or is contracted to do so: Yes / No _____ (Initial)

- I testify that the person operating this equipment works for the Central California Conference and/or is contracting with Central California Conference. Yes / No _____ (Initial)

- I testify that no-one other than the named individual(s) will be handling this equipment. Yes / No _____ (Initial)

- I testify that I _____ (the party checking this equipment) out is financially responsible for this equipment up to its estimated dollar amount as listed by Central California Conference supplied inventory and I have read the list of equipment. I authorize that if said equipment is damaged, broken, stolen, or lost my department will pay for said damages at the cost specified on the inventory sheets provided me. Yes / No _____ (Initial)

- I understand my usage, transporting, operating, and/or general use of said equipment makes me the responsible party for this equipment. Yes / No _____ (Initial)

- Should there be damages to this equipment, breakage, lost or stolen items, I authorize that the amount of damages will be paid for by my department with this GL number: _____

Date: _____ Authorizing signature: _____

I understand my signature constitutes that I am hereby agreeing to the set fees as outlined in the Central California Conference inventory list, should I fail to bring equipment back damaged, stolen, and or lacking in good order.

Inventory of Equipment:
Pre-event inventory done by: _____ Date: _____
Post-event inventory check-sheet done by: _____ Date: _____
Items to note: _____
Post description of equipment:
Items damaged? _____ Items missing? _____
Other comments: _____