

LOUISIANA SEA GRANT ORAL HISTORY EQUIPMENT
CHECK OUT FORM

Borrower's Name: _____ Phone (H) _____

Address: (H) _____ (M) _____

_____ Email _____

(School) _____



_____ Field Recorder (SN) _____ Headphones _____

_____ Camera

_____ Tripod

Check out date: _____ Return Date: _____

Staff member _____ Staff member _____

By signing below, you are agreeing to return the equipment indicated above by the return date specified. Your signature also indicates that you are accepting full financial responsibility for the safe return of the equipment indicated above. If any piece of the equipment is stolen, please provide the Center with a copy of the police report within 24 hours of the theft. If any piece of equipment is lost, please notify the Center within 24 hours. It is important to notify the Center as soon as possible in order to expedite the restitution process.

Marantz PMD620	\$429.00	Camera Plug-in Cords	\$40.00
ELPH 300HS Camera	\$179.95	Recorder Plug-in Cords	\$40.00
Tripod	\$12.99	Camera Case	\$10.00
Headphones	\$49.95	Recorder Case	\$35.00
Camera Batteries (2)	\$80.00	Camera Battery Charger	\$40.00
Memory Cards (3)	\$26.00		
Extension Cord	\$10.00	Total	\$952.89

Signature

Date

Please indicate any problems that you encountered with the equipment on back if necessary: