** Equipment Request Form**

**134 Westlawn Park. Brownsville Texas. 78520 Phone: (956) 698-0170**

***https://www.bisd.us/departments/curriculum-instruction-human-resources/library-media-services***

**Contact Information:**

**Name:  Dept:  Today’s Date:** Click here to enter a date.

**Phone:  Email: **

**Please select where your office or department is located:** Choose an item.

**Workshop/Meeting Information: Meeting Date:** Click here to enter a date.

**Title: **

**Start Time:  Best Time to Setup:  Location: **

**End Time:  Best Time to Pickup:  Room (s): **

**Audience:** Choose an item. **Attendance ( est. ):**  1 - 20 **Other Audience : **

1. All equipment requests must be submitted at least two weeks before the event.
2. Please specify equipment needed using the options for each category.
3. Submit one request per meeting date.
4. If your needs are not listed, please use the Special Needs line to explain.
5. Save this request and submit by email or print, scan and send as an attachment.
6. All equipment is available in a first come first serve basis.
7. If you need help with selecting equipment or require tech support, please fill your contact information, submit the form, and one of the technicians will contact you.

**Equipment Requested:**

**Computer:------------- Select**

**Projector:-------------- Select**

**Document Camera:-- Select**

**Screen:------------------ Select**

**Microphone:----------**  No

**Microphone options:**  None

**Other equipment needed: **

**Special Needs:** Click here to enter text.

Please save a copy and send as an attachment to: ***LMSMedia@bisd.us***

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| **Description of Equipment** | **BISD Asset #** | **LMS Asset #** | **Date Return** | **Recv’d by** |
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The School District and Library and Media Services Department, has issued the items listed above to me. I understand that I am responsible for the safekeeping of the equipment. I also understand that I will bear the financial burden of replacing the item(s) if damaged, stolen or lost (as per Local Policy CFB). I will assist the School District and the Library and Media Services Department in the event of an audit by providing the information requested and / or by returning the equipment to the Library and Media Services Department.

**Information of employee responsible for this equipment**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BISD Employee #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BISD does not discriminate on basis of race, color, national origin, sex, religion, age or disability in employment or provision of services, programs or activities.