Boston University College of Arts & Sciences Archaeology Laboratory Committee Archaeology Program

675 Commonwealth Avenue Boston, Massachusetts 02215 T 617-353-3415 F 617-353-6800 www.bu.edu/archaeology



Equipment Request Form*

Project: Pr	incipal Investigator:
Equipment Request dates (inclusive): From:):
Instrument(s) requested. Please list instrument by type and model. Borrower shall assume responsibility for all instrument components for the lending period:	
Intended application of instrument(s):	
Means of transport:	
Funds allocated to cover equipment use costs (projects must also be able to cover the \$250 domestic or \$2,500 insurance deductible)	
Principal operator(s) of the instrument(s) in the field:	
Please outline/attach a brief outline of the operator's previous experience/training in using this/other equipment.	
By signing, we agree to the loan of the listed equipment in working order for the specified period according to the GIS & RS Equipment Policy Statement and take full responsibility for the equipment's transport and condition as well as for costs related to any necessary maintenance and repairs:	
Archaeology Faculty Sponsor Date	
Project Representative Date	BU Archaeology Program Representative Date
Approval: Approved Disapproved Conditional	
Payment Method: Cash Check payable to "Boston University-Archaeology" BU Account # Payment of \$ received on	
Approval: Approved Disapproved Conditional Payment Method: Cash Check payable to "Boston University-Archaeology" BU Account #	

^{*} Please refer to the <u>Equipment Policy Statement</u> for Geophysical and Remote Sensing Field Equipment when completing this form.