

HELP Murcia Mar Menor

Equipment Loan form

BENEFICIARY NAME _____

BOOKING TAKEN BY _____ DATE _____

ADDRESS _____

I.D. NO./ TYPE _____ HELP Member No. _____

COLLECTORS NAME _____

TEL _____ EMAIL _____

Pick Up Date Agreed _____ Return Date Agreed _____

Equipment Loaned	Equip. No.	Amount Dep. Pd.	Rct. No.	Amount Don. Pd.	Rct. No.	Collect Date	Return Due	Actual Return	Extended Loan Till	Deposit Returned

CHECKLIST

Scooter No.....	Battery Charged	Instruc-tions	Charger	Plug Adaptor	Lock	Ext. Lead
PLEASE TICK						

Wheelchair No.....	Cushion	Foot Rest	Left/ Right	Leg extenders	Tyres/ Wheels
PLEASE TICK					

	<u>OTHER EQUIPMENT</u> NOS :	Wheelchair (No.) Scooter (No.)
Condition OUT		
Condition RETURNED		
Condition OUT		
Condition RETURNED		
Condition OUT		
Condition RETURNED		
ANY COMMENTS		

I have received a copy of the Terms and Conditions of the Disclaimer Form in accepting the loan of this equipment and agree with its contents.

Date signed when equipment **taken**: _____

Date signed when equipment **returned**: _____

Signed _____

Signed _____

Office Volunteer as witness _____

Office Volunteer as witness _____