

Mapping Science Laboratory Equipment Usage Form

For more information, please see www.esf.edu/msl/forms/usage.pdf

Account details

(Accounts will be charged on a quarterly basis)

Account number to charge: _____

Faculty/staff member responsible for account: _____

Authorization signature: _____

Dates authorization is valid: From: _____ To: _____

Usage details

Person using equipment: _____

Summary of usage: _____ Initials _____

DesignJet printer: Total area (in sq. ft) _____

LaserJet printer: Total number of pages _____

Other equipment: _____

Equipment name/ID	Date used	Time used	Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Logged by: _____

Date: _____