

Vendor Equipment Rental Request Form

Equipment to be Rented by: _____ Date Equipment Needed: ___/___/___

Equipment to be Rented: _____ Renting Equipment From: _____

Rental Rate(s) Per Week: _____ Rental Rate(s) Per Month: _____

Project Renting Equipment for: _____

Reason/Use for Equipment:

How long will you need equipment? _____

Signature: _____ Date: ___/___/___

For TMG-C Purposes Only

Approved: Yes No If yes, date approved: ___/___/___

TMG-C Signature: _____