

FIRST BAPTIST CHURCH OF DISTRICT HEIGHTS

OFFSITE EQUIPMENT USE FORM

Date of Temporary Transfer to Non FBCDH Facility Return Date

Address of Offsite Location

Reason for Off Site Equipment Use

Name of Ministry Using Equipment Off Site

Item Description	Manufacturer	Serial Number	FBCDH Asset #

Name of Custodian Of Equipment Offsite

Authorization Of Equipment Movement (Name & Signature of Trustee)

Condition of Equipment As at Time of Transfer

Condition Of Equipment At Time of Return

Equipment Inspected On Return By (Name & Signature)