



Muslim Center of Middlesex County

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Item Loan Form

This form tracks items that are in the temporary custody of a member of Muslim Center of Middlesex County (MCMC). No item shall be removed from MCMC premises unless the member has completed an Item Loan Form.

INSTRUCTIONS:

List all borrowed items in the member's off-premises custody. Return all borrowed items to MCMC office before or on the due date. Provide all information requested below. Please print clearly. *This form is to be completed & duly signed by both MCMC member and administration. Only MCMC administrator or officers can authorize items loans.*

Eligibility: Only current members and employees of MCMC are allowed to borrow items after filling out this form and receiving proper approval

Loan Duration: Maximum 2 days. *(Longer duration may require further approval)*

Suggested Donation per Item: \$ 5.00 • **Suggested Overdue Fine per Item per Day:** \$ 1.00

BORROWER CONTACT INFORMATION:

Check one: MCMC Member MCMC Employee

Name: _____ Phone: _____ Email Address: _____

Home Address: _____

Below, check/list all items being borrowed. Enter quantity, date borrowed and initials for each item.

Item Description	Qty	Date Borrowed <i>mm/dd/yyyy</i>	Borrower Initials	Comments	Office Use Only		
					MCMC ADM/OFC Initials	Due Date <i>mm/dd/yyyy</i>	Date Returned <i>mm/dd/yyyy</i>
<input type="checkbox"/> Chair							
<input type="checkbox"/> Table							
<input type="checkbox"/> Prayer Mat							
<input type="checkbox"/> Other <i>(Please specify below)</i>							

CERTIFICATION:

I, _____, hereby certify that my contact information provided above is correct. I understand that by signing out this form I am required to return the borrowed items in timely manner. I assume responsibility for its condition, and will accept any charges that go toward replacement or repair in the event that the item is lost or damaged. I will make the borrowed item(s) available at any time as requested by MCMC administration.

Borrower Signature: _____ Date: _____

MCMC ADM/OFC Signature: _____ Date: _____

Office Use Only: *To be completed upon return of all items*

I, _____, received all Items in original condition. **Signature:** _____ **Date:** _____