

**Exceptional Family Member Program
Equipment Agreement**

Name: _____
Sponsor's SSN: _____ Rank of Sponsor: _____
Branch/Unit: _____ PHONE: _____

I understand the medical equipment described below is a temporary loan from the Exceptional Family Member Program, Parris Island, SC. I understand the equipment must be returned in the same condition as it was when checked out. I agree that any damages will be accrued at my expense before returning.

EQUIPMENT DESCRIPTION:

Item: _____ Serial Number: _____
Condition: _____ Accessories: _____
Date: _____ Due Date: _____

Signature of Borrower EFMP Representative

Date Returned Received By

Item: _____ Serial Number: _____
Condition: _____ Accessories: _____
Date: _____ Due Date: _____

Signature of Borrower EFMP Representative

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