



New York Film Academy Staff Equipment Request Form



Production Insurance or Deposit is needed for Check Out
CC deposit will be charged with a non-refundable convenience fee.

Full Name (s)

Employee ID #

Phone #

Equipment Requested:

Check out date: ____ / ____ / ____

Check out time: _____ AM / PM

Check in date: ____ / ____ / ____

Check in time: _____ AM / PM

For Upper Management Use Only

Filed/Approved by: _____

Date submitted: ____ / ____ / ____

Time: _____ AM / PM

Equipment Room manager's signature: _____

(Equipment pending availability.)