

EVENT INFORMATION:



V5

CLIPPERCARD WIRELESS CARD READER RESERVATION / LOAN AGREEMENT

Organization:	Reservation type: Sales Attendance
Event Name:	
Location:	Type (fundraiser, performance, etc):
Start Date & Time:	End Date & Time:
Preferred Pick Up Date & Time:	Drop Off Date & Time:
5	red on the ClipperCard office social media pages? Yes No state.edu at least one week prior to your event with all details and up to one image.
 This form must be submitted at least Submission of this form does not guain touch with the contact person to con A reader will not be reserved unless a 	all information on this form is completed.
	DVISOR: (To be filled out by a full-time University employee only.)
Name:	Email:
Department:	Phone number:
Chartfield for deposits:	
Signature:	
PERSON RESPONSIBLE FOR PE	ROPERTY/PRIMARY CONTACT: (Student or advisor)
	and drop off the reader. A reader will not given or taken back from anyone else.
Name:	Student ID number:
SSU Email:	Phone number:
Signature:	
Pla	ease return this completed form to: clippercard@salemstate.edu
RETURN PROCESS:	
	sor" or "Person Responsible" must return loaned property to the ClipperCard Office on ts including the iPod touch, card reader, and charger/cord .
chartfield. Should the iPod touch, card property is with your organization, the \$500.00. The iPod touch and card read	and management will run a sales report and will process a payment to the appropriate reader, and/or charging cord be damaged, lost, or stolen during the time that the organization will be held responsible for the full cost of the property, approximately er are both expensive pieces of technology and should be cared for appropriately.
 Please contact ClipperCard@salemstate 	e.edu or call 978.542.2273 with any questions.

CLIPPERCARD OFFICE USE ONLY

Actual Date Out: _____ CC Initials: ____ Actual Date In: ____ CC Initials: ____