

Hire of PA System and/or Associated Equipment

Name: _____

Address: _____

Phone: _____

Email: _____

Date/Period of hire: _____

This section is to be completed on collection of Equipment

Name (if different to above): _____

Date Collected: _____

Item(s) collected (please tick)

- | | | |
|---|--|---|
| <input type="checkbox"/> PA Unit
<input type="checkbox"/> PA Stand/Lectern
<input type="checkbox"/> Microphone Arm & Clasp
<input type="checkbox"/> Computer Projector | | <input type="checkbox"/> PA accessory bag
<input type="checkbox"/> Microphone
<input type="checkbox"/> PA unit power lead |
|---|--|---|

I hereby acknowledge, that I have collected the abovementioned items and that each item is in good condition and good working order.

Signed: _____

Date: / /

Office use only:

Fee Type	Amount	Job No.	Receipt No.	Date
Hire	\$115.00	11400710.166		/ /
Deposit	\$100.00	Trust Account		/ /
CP Hire	\$184.00	11400710.166		/ /

This section is to be completed on returning of Equipment

Date returned: _____

Item(s) returned (please tick)

- | | |
|---|---|
| <input type="checkbox"/> PA Unit | <input type="checkbox"/> PA accessory bag |
| <input type="checkbox"/> PA Stand/Lectern | <input type="checkbox"/> Microphone |
| <input type="checkbox"/> Microphone Arm & Clasp | <input type="checkbox"/> PA unit power lead |
| <input type="checkbox"/> Computer Projector | |

Comments:

I hereby acknowledge that the abovementioned items have been returned to Council and that each item is in good condition and working order, having regard to the above comments.

Signed: _____ Date: / /
(Council staff member)

Bank Account details of Applicant for Refund of Deposit

Account Name: _____

BSB: _____

Account Number: _____

Request for Refund of Deposit

Refund of the **full amount \$**_____ of the deposit paid for the hire of Council's PA System and/or associated equipment is **approved / not approved.**

Signed: _____ Date: / /

Position: _____