

For office use only:

Rental Fees

_____ Total hours
_____ X hourly rate
_____ = Total Rental Fee

Deposit Fee: _____ Date Paid: _____ Receipt # _____

Rental Fee Due: _____ Date Paid: _____ Receipt # _____

Facility Supervisor: _____

Rental Info

- | | |
|---|--|
| <input type="checkbox"/> Form filled out completely | <input type="checkbox"/> Alcohol form in |
| <input type="checkbox"/> Deposit paid | <input type="checkbox"/> Cert of Insurance in |
| <input type="checkbox"/> Rental approved by Director | <input type="checkbox"/> Fax info to Police |
| <input type="checkbox"/> Entered in <u>book and computer</u> | <input type="checkbox"/> Clipboard picked up |
| <input type="checkbox"/> Supervisor booked | <input type="checkbox"/> Clipboard & keys returned |
| <input type="checkbox"/> Letter sent or phone call made to renter | <input type="checkbox"/> Check form for problems |
| <input type="checkbox"/> Rental fee paid | <input type="checkbox"/> If AOK send back deposit |