



Office of Logistics Management (OLM)

OFFICE OF LOGISTICS MANAGEMENT
Inventory Control IC-5A Form
Record of Art Loan within UConn Health

Art on Loan from the UConn Health Art Collection and displayed within UConn Health

Mail, Fax or PDF the entire package to: MC 2012 Fax: 679-1993	REFERENCE # A
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BORROWER'S INFORMATION

DEPARTMENT:

NAME:	TITLE:
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BUILDING:	FLOOR:	ROOM #:	TELEPHONE:	FAX:
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MAIL CODE:	EMAIL:
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UCH ASSET NUMBER(S):			
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BRIEF DESCRIPTION OF ART:

TITLE OF ART:

SERIES?: Yes: No: **If Yes, please list the series next to each Asset number (Example: 1/100).**

ROOM NUMBER WHERE ART WILL BE DISPLAYED:

DATE ACQUIRED:

ESTIMATED RETURN DATE:

NAME/SIGNATURE:

DATE:

Name :

1. BORROWER (DEPARTMENT HEAD)

Name :

2. UCH ART CURRATOR

Name :

3. UCH PROPERTY MANAGER

FURTHER INSTRUCTIONS

1. Include a copy of any relevant documents.
2. If you need any assistance completing this form, please call 679-8723 or 679-1952.
3. By signing this document, the borrower understands that this Art remains the property of UConn Health. The UConn Health Art Committee retains the right to request the Art back at any time for display in other areas of UConn Health.
4. Please make a copy for your file.