



OFF CAMPUS USE AUTHORIZATION FORM

INSTRUCTIONS:

Complete all sections regarding the asset being taken off campus. This form must be completed and returned to the Office of Equipment Management, MSC 302.

Off Campus includes: Private homes, research sites, foreign countries, storage areas etc.

Asset Number: _____ Serial Number: _____

Description: _____

Off-Campus Location: _____
(Complete Physical Address)

Purpose of Asset: _____

Departmental Account Number: _____

I accept financial responsibility for any loss of the above described asset while in my custody.

Borrower's Name: _____ Signature: _____
(Please Print)

Account Manager: _____ Signature: _____
(Please Print)

Date Borrowed: _____ Date Returned: _____

Once asset has been returned back on campus, please complete the following and return to the Office of Equipment Management:

Building/ Room Returned: _____ Person returned to: _____
(Please Print)