



OFF - CAMPUS EQUIPMENT
 Central Park Spring Creek Courtyard Preston Ridge

NAME : _____ Cost Center _____
Printed Name of Person Responsible for Equipment

<p>REASON FOR OFF-CAMPUS USE :</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>PLACE OF OFF-CAMPUS USE: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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EQUIPMENT PERMITTED OFF-CAMPUS

_____	_____	_____
Date Taken Off-campus	Date of Expected return	Date Returned to Campus
Decal No.	Description	
_____	_____	
_____	_____	
_____	_____	

 Signature of Responsible Person

My signature signifies that I accept full financial responsibility for equipment taken off-campus in the event that it is lost, stolen, or damaged. Equipment will be utilized only for job related purposes. I pledge to return equipment upon request by a College Representative or when scheduled to be returned (expected return date).

APPROVALS:

RETURN VERIFIED:

_____ Dean	_____ Date
_____ Vice President	_____ Date

_____ Employee	_____ Date
_____ Plant	_____ Date

*Forms must be completed and forwarded before the equipment is removed from campus
 Equipment returned must be checked in with, and verified by, Plant Operations*

Distribution Order

White - Return Copy (forward to Inventory Specialist upon return of equipment)	
Green - Plant	Pink - Dean
Canary - Inventory Specialist Origination Copy	Goldenrod - Responsible Person