



### Equipment Use Authorization Form

The following equipment is authorized to be removed from campus for official use, with the estimated return date listed below.

**Equipment Information: (please type or print)**

Tag #	Manufacturer & Equipment Description	Model	Serial #

**Custodian of equipment while off campus:**

Name:	UIN:
Physical address of equipment:	Return Date: <i>No more than 1 year from origination date</i>

\_\_\_\_\_

Employee Signature    Date Signed    Campus Phone No.

**Supervisor’s Signature:**

Print:	Department:
Sign:	Date:

Form Received by  
Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**Fill out after equipment has been returned in satisfactory condition**

**Supervisor’s Signature:**

Print:	Department:
Sign:	Date:

**Fixed Asset Accountant:**

Sign:	Date:
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