

STATE UNIVERSITY OF NEW YORK - GENESEO  
PROPERTY CONTROL OFFICE

## EQUIPMENT - Off Campus Use

Equipment may be removed from campus **only** for instructional, research, or administrative purposes. Use for personal reasons is **not** permitted.

**Equipment to be used:**

1. Description: \_\_\_\_\_
2. Asset Tag Number: \_\_\_\_\_ 3. Manufacturer: \_\_\_\_\_
4. Model: \_\_\_\_\_ 5. Serial Number: \_\_\_\_\_
6. Condition of the equipment: \_\_\_\_\_ 7. Value: \$ \_\_\_\_\_
8. Department responsible for the equipment: \_\_\_\_\_
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Person requesting equipment: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for request: \_\_\_\_\_  
\_\_\_\_\_

Date the equipment will leave campus: \_\_\_\_\_

Date the equipment will return to campus: \_\_\_\_\_

Location for the equipment while off-campus: \_\_\_\_\_  
\_\_\_\_\_

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**APPROVALS:** As designated user, I hereby acknowledge responsibility for this equipment, and will maintain and secure so that it is returned on or before the indicated date in the same condition as when the equipment left campus. Any negligence, misuse, or loss makes me responsible for the repair or replacement of the equipment.

Designated user's signature: \_\_\_\_\_

Department Chairperson's approval: \_\_\_\_\_

Vice President's approval: \_\_\_\_\_

(needed **only** if value is over \$500.00)

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**RETURN OF EQUIPMENT:**

The equipment described above has been returned to (Building) \_\_\_\_\_ (Room) \_\_\_\_\_ ,  
and I resume responsibility for that equipment.

The condition of the equipment is the same as when it was removed from campus:

Yes

No (If NO, please explain)

Date: \_\_\_\_\_

Signature of Department Chairperson

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