

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: _____

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)

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
