



# Florida A&M University

OFFICE OF PROPERTY RECORDS

Phone #: 850-599-3678 Fax#: 850-561-2607

## OFF CAMPUS EQUIPMENT USE

REQUEST NO. _____	SIGNATURE PROPERTY
COORD _____	

P.I. SIGNAURE \_\_\_\_\_  
REQUESTING DEPT/PROJECT # \_\_\_\_\_ OFFICE PH.NO. \_\_\_\_\_

1. REQUESTING PERMISSION TO REMOVE FAMU'S EQUIPMENT FROM THE UNIVERSITY PREMISES FOR:

- OFFICIAL UNIVERSITY BUSINESS
- OTHER (SPECIFY) \_\_\_\_\_

2.

TAG NO(S).	DESCRIPTION (S) W/ SERIAL NUMBER(S)	COST
1.		
2.		
3.		

**\*Justification is needed if (2) or more of the SAME laptops are required**

3. PURPOSE:

4. PERIOD OF USE: FROM DATE:  TO DATE:  or Short Term   
Period From July 1, \_ not to exceed June 30, not to exceed 30 days

5.

REQUESTED BY: (PLEASE PRINT OR TYPE)

DATE

HOMEADDRESS: (PLEASE PRINT OR TYPE)

HOME PHONE NO.

6. APPROVED    DISAPPROVED

\_\_\_\_\_  
SIGNATURE: DEAN/DIV. HEAD OR CHAIRPERSON

\_\_\_\_\_  
DATE

7. **EQUIPMENT ACQUIRED WITH CONTRACT AND GRANT FUNDS REQUIRES THE V.P. FOR RESEARCH OR SPONSORED PROGRAMS SIGNATURE; EXT. 3531 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**EQUIPMENT ACQUIRED WITH TITLE III FUNDS REQUIRES DIRECTOR OF TITLE III OR DESIGNEE SIGNATURE; EXT 3527 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

8. I hereby acknowledge receipt of the above described equipment, accept full responsibility for it and agree to reimburse the University for any damages or losses resulting from my negligence.

\_\_\_\_\_  
SIGNATURE: (of requested person)

\_\_\_\_\_  
DATE

THIS SECTION **MUST BE COMPLETED** UPON RETURN OF EQUIPMENT TO CAMPUS

Date equipment was returned to campus \_\_\_\_\_

9. I hereby certify that the above described equipment has been returned to the University premises and custody in satisfactory condition.

Equipment is located on campus at the following location \_\_\_\_\_ and \_\_\_\_\_.  
Building Room#

\_\_\_\_\_  
Signature of Equipment Holder after the return of Equipment

and

\_\_\_\_\_  
Signature: Dean, DIV. Head or Chairperson

Send or fax form to Property Records upon the return of equipment to campus at: Property Records, 2380 Wahnish Way, Building 81, Room 200, Tallahassee, Florida 32307 or 850-561-2607.



# Florida A&M University

OFFICE OF PROPERTY RECORDS  
Assistant Controller Signature

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**FAMU UPR002**

Rev. 4/10



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## OFF-CAMPUS FACTS

- MUST BE SCANNED (PHYSICALLY VERIFIED) ONCE A YEAR.
- OFF-CAMPUS REQUEST MUST BE COMPLETED & SIGNED BY YOUR DEAN/DIVISION HEAD OR CHAIRPERSON.
  - EQUIPMENT ACQUIRED WITH TITLE III FUNDS REQUIRES DIRECTOR & SPONSORED RESEARCH SIGNATURE.
  - EQUIPMENT ACQUIRED WITH C & G FUNDS REQUIRES V.P. OF SPONSORED RESEARCH OR DESIGNEE SIGNATURE.
- MAXIMUM PERIOD OF USE OF OFF-CAMPUS EQUIPMENT.
  - **JULY 1, 2010-JUNE 30, 2011**
- TWO OR MORE OF THE **SAME** UNITS REQUIRES JUSTIFICATION.
- A FAILURE TO COMPLY WITH THE CRITERIA MAY RESULT IN THE LOSS OF OFF-CAMPUS USE PRIVILEGES

## SEE YOU NEXT FISCAL YEAR