

UTAH STATE UNIVERSITY
EQUIPMENT OFF PREMISES AUTHORIZATION
(For USU Equipment located off University Premises)

College or Administrative Unit: _____

Department: _____

Equipment Use: ___ Instruction ___ Research ___ Sponsored Project

ITEM(S)

Description	Inventory Number	Serial Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Persons requesting to take equipment items off university premises must accept the responsibility for the security and safe use of the equipment.

HOME LOCATION

Name of Equipment Steward: _____

Street Address: _____

City: _____ State: _____ Telephone Number: (____) ____ - _____

Justification/Reason to be located off premise: _____

Date equipment to be returned to campus: _____

APPROVAL

Equipment Steward: _____

Date: _____

Department Head/Director: _____

Date: _____

Equipment Management Services
Phone 435-797-0499, Fax 435-797-1077

UMC 2400