

UNIVERSITY OF ALASKA AUTHORIZATION FOR OFF CAMPUS USE OF UNIVERSITY EQUIPMENT

Description:

Property Tag #:

Serial #:

Campus:

Department:

Name:

Address:

Phone: Wk:

Hm:

email:

Reason for off Campus use:

Location of equipment while off campus:

Date equipment will be returned to campus:

Date equipment was checked out:

Equipment check out/received by (signature)

**THE RETURN DATE MUST NOT BE LONGER THAN THE TIME REQUIRED TO COMPLETE
THE UNIVERSITY PROJECT BUT IN NO CIRCUMSTANCE LONGER THAN 1 YEAR**

Approving Signature

Title

Date

**APPROVAL MUST BE FROM SUPERVISOR OR HIGHER LEVEL AS PRESCRIBED BY YOUR
CHANCELLOR OR VICE PRESIDENT**

Form retention:

1. Original authorized form will be retained by employee removing equipment from campus.
2. A copy will be retained by the person authorizing this form.
3. A copy will be retained by the office where the equipment is normally kept.

Date equipment returned to campus:

Property check in/ received by (signature)

Comments: