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