

APPROVAL TO TAKE EQUIPMENT OFF CAMPUS

Print form after filling out for approval

NAME	DEPARTMENT

LOCATION WHERE EQUIPMENT WILL BE MOVED			
Address	City	State	Zip
Home Phone:		Work Phone:	

LIST ALL EQUIPMENT, FURNITURE, ETC.		
Decal/Asset Tag	Description	Serial Number

Requesting permission by:

I understand that all equipment must be returned upon termination of employment or contract with Kennesaw State University. Failure to return issued equipment may result in legal action against the borrower/requestor.

Requestor (Name Printed)	Signature & Date

Approved by:

In the event of requestor/borrower termination, I understand that I am responsible for the return of borrowed equipment.

Department Head (Name Printed)	Signature & Date

Approved by:

Director of UITs Operations (Name Printed)	Signature & Date

Authorized in System by:

Inventory Control (Name Printed)	Signature & Date

A copy of this form is to be maintained in the files of the using departmental office. If applicable, please send original form with original signatures to UITs-ITIM Shop, MB #1902. UITs will forward a copy to Inventory Control for Authorization in the Asset Management System. For all non-UITs equipment, please send original form directly to Inventory Control, MB #9110.