

APPROVAL TO TAKE EQUIPMENT OFF CAMPUS

Print Form after filling out for approval

Requestor _____	Requestor's Department _____
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CURRENT LOCATION OF EQUIPMENT			
Department	Building	Room	
LOCATION WHERE EQUIPMENT WILL BE MOVED			
Address	City	State	Zip
Home Phone:		Work Phone:	

LIST ALL EQUIPMENT, FURNITURE, ETC.		
Description	Decal Number	Serial Number

Requesting permission by:	
I'm Requesting permission to take equipment off campus for the purpose of doing business for Kennesaw State University	
Requestor (Print Name) _____	Signature and Date _____

Approved by:	
Department Head (Print Name) _____	Signature and Date _____

Approved by:	
Director of ITS (Print Name) _____	Signature and Date _____

Authorized in System by:	
Inventory Control (Print Name) _____	Signature and Date _____

A copy of this form is to be maintained in the files of the using departmental office. Please send original form with original signatures to ITS. ITS will forward a copy to Inventory Control for Authorization in the Asset Management System.