Florida A&M University
OFF-CAMPUS EQUIPMENT USE FORM

OFFICE OF PROPERTY RECORDS
PROPERTYRECORDS@FAMU.EDU
Phone: 850-599-3678 Fax: 850-561-2607

REQUEST NO. **PROPERTY EMP. SIG.**

P.I. SIGNAURE **OFFICE/ DEPARTMENT/ PROJECT** **OFFICE/ DEPT. PHONE NO.**

1. **REQUESTING PERMISSION TO REMOVE FAMU'S EQUIPMENT FROM THE UNIVERSITY PREMISES FOR:**
   - [ ] **OFFICIAL UNIVERSITY BUSINESS**
   - [ ] **OTHER (SPECIFY)** _____

2.

TAG NUMBER(S).	DESCRIPTION (S) W/ SERIAL NUMBER(S)	COST
1		
2		
3		

***Justification is needed if (2) or more of the SAME laptops are required**

3. **PURPOSE:** _____

4. **From** _____ **To** _____ **or** _____
   (Period Starts July 1, ____) **(Do Not Exceed June 30)** **Short Term (Do Not Exceed 30 Days)**

5. _____ _____
   Requested By: (Please Print/Type) **Date**

   _____ _____
   Home Adress: (Please Print/Type) **Mobile Phone No.**

6. **APPROVED** [ ] **DISPPROVED** [ ] _____ _____
   Signature: Dean/Div. Head or Chairperson **Date**

7. **EQUIPMENT ACQUIRED WITH CONTRACT AND GRANT FUNDS REQUIRE THE V.P. FOR RESEARCH OR SPONSORED PROGRAMS SIGNATURE EXT. 3531**

   EXT. 3531 Signature _____ **Date** _____

   EQUIPMENT ACQUIRED WITH TITLE III FUNDS REQUIRES DIRECTOR OF TITLE III OR DESIGNEE SIGNATURE. EXT 3527

   Signature _____ **Date** _____

8. I hereby acknowledge receipt of the above-described equipment, accept full responsibility for it, and agree to reimburse the University for any damages or losses resulting from my negligence.

   Signature: (of requestor) _____ **Date** _____

THIS SECTION MUST BE COMPLETED UPON RETURN OF EQUIPMENT TO CAMPUS

DATE EQUIPMENT WAS RETURNED TO CAMPUS: _____

9. I hereby certify that the above-described equipment has been returned to the University premises and custody in satisfactory condition. Equipment is located on campus at the following location

   _____ **and** _____
   Building # **Room#**

Equipment Holder after the return of Equipment (PRINT) **Equipment Holder after the return of Equipment (SIGNATURE)**

Dean, DIV. Head or Chairperson (PRINT) **Dean, DIV. Head or Chairperson (SIGNATURE)**

Assistant Controller Signature **Date**