

\_\_\_\_\_  
Department Name and Account Number

\_\_\_\_\_  
Today's Date

## AUTHORIZATION FOR OFF-CAMPUS USE OF STATE-OWNED PROPERTY

The state-owned equipment listed below is authorized for use at an off-campus site for official state business and is deemed to be in the interest of the University and the State. The Borrower agrees this equipment will be returned to the University on demand and accepts financial responsibility for the cost of replacement if not returned for any reason. This Authorization is for Fiscal Year July \_\_\_\_ to June \_\_\_\_.

**This form must be completed and copies distributed PRIOR to items being removed from Campus. Furthermore, the requestor shall have a copy of this form on his/her person when transporting.** Note: Authorization must be completed each fiscal year.

Complete Part 1 of this form and fax it to (407)823-1998. When the item is returned, complete Part 2 and fax this form again to (407)823-1998.

### Part 1- Authorization to Remove Asset Off-Campus

\_\_\_\_\_  
Borrower's Name (Print)

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
Office Phone #

\_\_\_\_\_  
Home Phone #

Date Borrowed: \_\_\_\_\_

Do you intend to retain equipment more than thirty (30) days? Yes \_\_\_\_ No \_\_\_\_

Off-Campus Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Purpose of Off-Campus Use: \_\_\_\_\_

Decal or Serial #

Description

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I hereby acknowledge receipt of the above listed property and agree to the terms stated above.*

\_\_\_\_\_  
Borrower's Name

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dept. Director Chair (DDC) Signature

\_\_\_\_\_  
Department DDC Signature

\_\_\_\_\_  
Date

### Part 2- Return of Asset (Part 2 must be completed and faxed upon the asset's return)

\_\_\_\_\_  
Department Property Custodian (PCT) Name

\_\_\_\_\_  
PCT Signature

\_\_\_\_\_  
Date

New Location: \_\_\_\_\_

CC: Borrower, Department, COS Dean's Office

(Rev. 8/16/11)