

Date: _____

Arkansas State University

Equipment Off-Campus Usage Form

Item Description	Brand/Model	Serial Number	Tag Number

State the business purpose of the off-campus usage: _____

I certify that _____ has received the equipment listed above as a temporary loan. The scheduled return date of the equipment is _____. Equipment listed above shall be returned by the scheduled return date or upon a ten day notice from the University in the condition in which it was received.

Released by:

Inventory CustodianDate

I agree to be fully responsible for the equipment listed above and further agree to be responsible for any costs of repairing the equipment if damaged while in my possession or replacing the equipment if it is lost, stolen, or damaged. I agree to reimburse Arkansas State University in the amount of the purchase price set forth above in the event the equipment is lost, stolen, or damaged. I acknowledge that the equipment is in good and operable condition with the following exemptions, if any: _____.

Recipient:

NameDate

All equipment loan periods exceeding 30 days require the approval of the following:

- Inventory Custodian **AND** Chair or Supervisor
- Dean or Department Administrator

Approval by the Inventory Custodian's Chair or Supervisor and Dean or Department Administrator is required prior to submitting this form to Property Accounting.

Required Signatures

Chair/Supervisor:

Print NameTitleSignatureDate

Dean/Departmental Administrator:

Print NameTitleSignatureDate

Property Accounting:

SignatureDate

To be completed upon return of equipment:

I certify that the above listed equipment was returned to me on _____. I have examined the equipment and acknowledge the equipment is in good and operable condition unless otherwise noted.

Inventory Custodian's Signature