

Authorization for Off – Campus Use of Assets

ANY EQUIPMENT NOT LOCATED ON CAMPUS REQUIRES DEPARTMENT HEAD APPROVAL. THIS INCLUDES RESEARCH EQUIPMENT AND EQUIPMENT PURCHASED WITH PROFESSIONAL EXPENSE.

REQUESTOR

EMPL ID

CAMPUS ADDRESS

DEPARTMENT

OFFSITE EQUIPMENT LOCATION & ADDRESS

DATE OUT

DUE BACK

DESCRIPTION OF EQUIPMENT	VALUE \$	SERIAL NUMBER	DATE RETURNED	RECEIVER'S INITIALS

1. Is the equipment to be used for University sponsored activities?

2. Purpose and location of off campus use

3. Notes or special instructions

I HAVE RECEIVED THE ABOVE LISTED EQUIPMENT IN GOOD CONDITION. I AGREE TO ACCEPT FULL RESPONSIBILITY FOR ANY LOSS OR DAMAGE TO IT, AND TO IMMEDIATELY INFORM THE DEPARTMENT HEAD OF ANY LOSS OR DAMAGE.

REQUESTOR NAME _____

REQUESTOR SIGNATURE _____ DATE _____

DEPARTMENT HEAD NAME _____

I AM AWARE OF AND APPROVE THE EQUIPMENT'S OFF CAMPUS USE.

DEPARTMENT HEAD SIGNATURE _____ DATE _____

- PLEASE KEEP THIS FORM FOR YOUR RECORDS
- PLEASE PROVIDE A COPY OF THIS FORM TO THE ASSET TRACKING ADMINISTRATOR IN FINANCIAL SERVICES asset.tracking@queensu.ca