



Property Control Department

OFF-CAMPUS USE OF UNIVERSITY EQUIPMENT*
FACULTY/STAFF
APPROVAL FORM

Table with 7 columns: Equipment Description, Acquisition Cost, CSU Property Control #, Equipment Serial #, Off-Campus Location, Expected Date of Return, Date Returned.

Are any of the above items funded by a Federal Grant? Yes [] No []

- Three empty checkboxes.

I certify that the above listed equipment will be used for purposes related to my professional responsibilities at the University, that these items will be returned to the University on or before the date(s) indicated above, and that I agree to pay for any damages or replacement costs up to the limit indicated above.

Three horizontal lines for signature or date.

I certify that the above listed equipment is University property assigned to the department and off-campus use of this equipment will not limit the department's ability to use the equipment.

Three horizontal lines for signature or date.

Additional Authorization (if required):

Three horizontal lines for additional authorization.

INSTRUCTIONS: