

UNIVERSITY OF ALASKA AUTHORIZATION FOR OFF CAMPUS USE OF UNIVERSITY EQUIPMENT

Description: _____

Property Tag #: _____ Serial #: _____

Campus: _____ Department: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ email: _____

Reason for off Campus use: _____

Location of equipment while off campus: _____

Date equipment will be returned to campus: _____

Date equipment was checked out: _____

Equipment check out/received by (signature): _____

**THE RETURN DATE MUST NOT BE LONGER THAN THE TIME REQUIRED TO
COMPLETE THE UNIVERSITY PROJECT BUT IN NO CIRCUMSTANCE LONGER
THAN 1 YEAR**

Approving Signature

Title

Date

**APPROVAL MUST BE FROM SUPERVISOR OR HIGHER LEVEL AS PRESCRIBED BY
YOUR CHANCELLOR OR VICE PRESIDENT**

Form retention:

1. Original authorized form will be retained by employee removing equipment from campus.
2. A copy will be retained in the Property Office for the person authorizing this form.
3. A copy will be retained by the office where the equipment is normally kept.
4. Item will be presented to the Property Office when returned, who will then sign for Property check in.

Date equipment returned to campus

Property check in/ received by (signature)

Comments: