

EQUIPMENT LOCATED OFF-CAMPUS FORM*

UNIVERSITY OF ARKANSAS AT PINE BLUFF

This form must be completed and a copy of the same for both the requesting department's inventory records and the original in the Inventory department file.

Individual requesting to locate property off-campus:

Name: _____ Date Requested: _____

Department Name: _____

Reason for equipment being used off-campus: _____

Length of time off-campus: From: _____ To: _____

Description of Property	UAPB Decal #	Serial Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Department Head's Signature/Date

Requester's Signature/Date

Inventory Control Manager/Date

Controller/Date

Finance Officer/Date

*Use this form only when it is clearly in the line of your responsibility to use equipment off-campus.