

# OLD DOMINION UNIVERSITY

## Equipment Use Authorization Form

The following equipment is authorized to be removed from campus for official use, with the estimated return date listed below.

Equipment Information: (please type or print)

Tag #	Manufacturer & Equipment Description	Model	Serial #

Custodian of equipment while off campus:

Name:	UIN:
Physical address of equipment:	Return Date: No more than 1 year from origination date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Campus Phone No.

Budget Unit Authorized Signer:

Print:	Budget Code:
Sign:	Date:

FixedAssets@odu.edu

Form Received by

FixedAssetAccountant \_\_\_\_\_  
Signature

Date \_\_\_\_\_

**Fill out after equipment has been returned in satisfactory condition**

Budget Unit Authorized Signer:

Print:	Budget Code:
Sign:	Date:

Fixed Asset Accountant:

Sign:	Date:
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