

**Agreement for Equipment Located Off-Campus**

**Instructions:**

Please complete the information requested for College equipment listed on the fixed asset inventory but located off-campus by agreement with College employee users in your department. Complete an individual form for each employee assuming responsibility for equipment not located on main campus, sign and send original to Financial Services.

**Note: As a College employee user of the equipment listed on this form, I agree to return the equipment when requested and complete a new transfer form if I still have the equipment in my possession at the annual inventory date. While signed out to me if the equipment is lost, stolen or damages as a result of my negligence (carelessness) or wrong doing or not returned when requested by the department head or Financial Services, I agree to repay the equipment's fair market value.**

Department: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
 Division Chair (print): \_\_\_\_\_  
 Division Chair (sign): \_\_\_\_\_  
 Removal Date: \_\_\_\_\_  
 Expected Return Date: \_\_\_\_\_

College Employee User (Print Name): \_\_\_\_\_  
 College Employee User Signature: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**When the item is returned to campus, fill in the Return Date, Building/Room No. and send a copy to Financial Services.**

Actual Return Date: \_\_\_\_\_  
 Returned to Location: \_\_\_\_\_

Asset Tag Number	Description/Manufacturer	Serial No.	Off-Campus Location (Address)	Equipment Cost

**Signatures**

\_\_\_\_\_  
 Person Making Request

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Business Office Manager

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Department Head Approval

\_\_\_\_\_  
 Date