**UTAH STATE UNIVERSITY**

**EQUIPMENT OFF PREMISES AUTHORIZATION**

(For USU Equipment located off University Premises)

College or Administrative Unit: ____________________________

Department: ____________________________________________

Equipment Use:  

- [ ] Instruction  
- [ ] Research  
- [ ] Sponsored Project

**ITEM(S)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Inventory Number</th>
<th>Serial Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Persons requesting to take equipment items off university premises must accept the responsibility for the security and safe use of the equipment.

**HOME LOCATION**

Name of Equipment Steward: ____________________________

Street Address: ____________________________

City: ______________  State: ______________  Telephone Number: (___) ___ - ______

Justification/Reason to be located off premise:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Date equipment to be returned to campus: ____________________________

**APPROVAL**

Equipment Steward: ____________________________  Date: ____________________________

Department Head/Director: ____________________________  Date: ____________________________

Equipment Management Services

Phone 435-797-0499, Fax 435-797-1077

UMC 2400