



Office Use Only

REMOVE EQUIPMENT FROM CAMPUS REQUEST

This form is to be completed for any equipment that is removed from campus.

Department: _____

I, the undersigned, request authority to remove Lamar University property for the purpose of performing official business of the University relating to my duties as an employee. I understand that I assume responsibility for this equipment and if lost, I shall be financially liable to the State for the loss thus sustained by the State.

I certify that the equipment will be taken to and remain at the following (if multiple locations, list home address):

Address: _____

City: _____ State: _____ Zip: _____

I will return the equipment by the date given here (date may not be later than August 31st of the current fiscal year), or I will obtain written approval for an extension at the end of the fiscal year using this same form.

Date of Return: August 31, _____

When the equipment is returned, I will send a copy of this form along with a memo stating that the equipment has been returned.

Lamar Tag #	Description	Serial Number	Value

Employee Signature: _____ ID #: _____

Printed Name: _____ Phone #: _____

Department Head Signature: _____ Date: _____

Printed Name: _____ Phone #: _____

If equipment is loaned to another agency, this form requires the President or Agency Head's approval of both agencies.

 Lamar University President's Signature (*Lending Agency*)

 President or Agency Head's Signature (*Receiving Agency*)

OFFICE USE ONLY BELOW THIS LINE

SPA L DRIVE SPREADSHEET

Initials: _____ Date: _____

Property Manager Signature: _____ Date: _____