**University of Colorado Colorado Springs**

**Off-Campus Use of University Equipment**

**Equipment Information**

Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CU Tag #\_\_\_\_\_\_\_\_

Manufacturer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model\_\_\_\_\_\_\_\_\_\_\_ Serial #\_\_\_\_\_\_\_\_\_\_

Condition: Good\_\_\_\_\_ Fair\_\_\_\_\_ Poor\_\_\_\_\_

Purpose of off-campus use\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Duration\_\_\_\_\_\_\_\_\_\_\_\_

Departmental Authorization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

**Off-Campus User Information**

Off-Campus User Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty\_\_\_\_\_ Staff\_\_\_\_\_ Student\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_

By signing below, I certify that the equipment will only be used for University business, and I agree that I am responsible for the condition of the equipment, and agree to return it to the University upon request or termination from the University. I will make sure that all University equipment moved off-campus has a CU equipment ID tag affixed to it.

Signature of Off-Campus User\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Please complete the above information and maintain this record.**

**Equipment Return**

Date of Return\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Departmental Acknowledgement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accounting Review\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_