

APPROVAL TO TAKE EQUIPMENT OFF CAMPUS

Print Form after filling out for approval

| | |
|-----------|------------------------|
| Requestor | Requestor's Department |
|-----------|------------------------|

| CURRENT LOCATION OF EQUIPMENT | | |
|-------------------------------|----------|------|
| Department | Building | Room |
| | | |

| LOCATION WHERE EQUIPMENT WILL BE MOVED | | | |
|--|------|-------|-----|
| Address | City | State | Zip |
| | | | |