

Property Management Department

Rutgers, the State University of New Jersey

33 Knightsbridge Rd 2nd Floor West Wing

Piscataway, NJ 08854

<http://ua.rutgers.edu>

848-445-8263

Fax: 732-445-5922

SIGN-OUT FORM FOR EQUIPMENT REMOVED FROM UNIVERSITY PREMISES

It is the responsibility of each department to maintain accountability for their equipment including assets which are removed from University premises to perform off-campus research (i.e. at home, another institution or off-campus site). These responsibilities are detailed in the University Procedures Policy 40.2.10.B and in the University Department Equipment Procedures Manual available from Property Management. This form is provided to departments to use in maintaining accountability for their equipment.

RU/Barcode Tag# P.O. # Description Serial#

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**REQUEST BY** Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Requested By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Equipment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I agree to accept full responsibility for the above equipment during

The period which it is in my custody.

**Signature of requester**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed forms must be forwarded to the department business office. A copy must be forwarded to Property Management at the address shown above**. Form 09/18

**APPROVAL**

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department Head (Dean, Chair, Director)

**RETURNED**

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RU/Barcode Tag # Description

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RU/Barcode Tag # Description

**Received By D**ate\_\_\_\_\_\_\_\_\_\_\_\_\_\_