Controller's Office Florida State University



OFF-SITE CAPITAL EQUIPMENT USE FORM

FSU policy <u>4-OP-D-2-F</u> requires that this form be completed and properly approved prior to the removal of any capital property item from campus locations. Off-Site equipment use forms are not required for assets leaving campus due to repairs or maintenance.

Capital assets removed for a period up to one year require authorization by the Department Property Manager while items removed for a period in excess of one year require authorization by the Property Manager *and* the Vice President, Dean, or Director. Arrangements must be made for the item(s) to be inventoried in each fiscal year that the item(s) are located off campus.

Capital Property Items To Be Removed from University Premises for Official Purposes

Property Tag #	Serial #	Description	Dept ID	
Address at which item(s)	to be used:			
Period of Use - From:	То:			
Business Purpose:				
completed.	ed above will be used for an official univer	rsity purpose and will be returned to the University as sc full responsibility for its care and return.	oon as the project is	
3. I agree to reimburse the Univer	sity for any damage or loss resulting from	my negligence.		
Signature of Borrower -				
Property Manager Signature (required for all items)		DDDH Signature (for removal in excess of one year)		
Sponsored Rese	earch Signature	Research Foundation Signa	ature	
(required for all items acquired through contracts/grants)		(required for all items acquired through Research Foundation)		

*** Please retain a PDF or copy of this document for your own departmental records ***

Capital Property Return Confirmation							
Property Tag #	Serial #	Description	Dept ID	Return Date	Return Location		

I hereby certify that the capital assets listed above were returned on the date(s) and to the location(s) noted.

Signature of Property Custodian -