

**Asset Management** 6300A University Center Tallahassee, FL 32306-2393 Phone: (850) 644-9756

PAS-PropertyForms@fsu.edu

## **OFF-SITE CAPITAL EQUIPMENT USE FORM**

FSU policy 4-OP-D-2-F 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

Capital Property It	ems To Be Removed fr	om University Premises f	or Official Purposes
Property Tag #	Serial #	Description	Dept ID
Address at which item(s) to be	e used:		
Period of Use - From:	То:		
Business Purpose:			
oon as the project is completed . I hereby acknowledge receipt . I agree to reimburse the Unive	of the equipment listed abov	official university purpose and we and accept full responsibility for resulting from my negligence.	-
ignature of Borrower -			
Property Manager Signature	required for all items)	<b>DDDH Signature</b> (fo	or removal in excess of one year)
Sponsored Research (required for all items acquire grants) *** Please	d through contracts/	(required for all item	oundation Signature ns acquired through Research oundation) nl records ***
	Capital Property	Return Confirmation	
Property Tag #	Serial # De	escription Dept ID	Return Date Return Location
hereby certify that the capital ass	ets listed above were returned	on the date(s) and to the location(s	s) noted.