



Brigham Young University Request to Take University Equipment Off Campus

Send or email original to am@byu.edu. Retain a copy for your department
Questions - Contact: Ben Wake, ben_wake@byu.edu, C-249 ASB, 2-9766

General Accounting Office use only	TAG#:
	TAG#:

Responsible Person: _____ Extension: _____

Department: _____

Tag Number	Item Description	Mfr.	Model	Serial No.

Purpose for taking equipment from campus:

Where equipment will be located:

Date taken from campus: _____ Date to be returned: _____

I hereby acknowledge the receipt of University-owned equipment that I will be taking off campus to be used for University-related work. I realize this equipment will be subject to verification during my department's physical inventory.

Signature of Responsible Person: _____ Date: _____

Approved – Department Chair: _____ Date: _____

Approved – Dean/Director: _____ Date: _____

***Please notify the General Accounting Office when equipment is returned to campus.**